

**Mitigating Misinformation about COVID
Vaccine and Changing the Social
Narrative By:
Communicating with Patients, Parents,
Providers and Social Media!
MISINFODEMIC?**



Honoraria (Speaker):

Astra-Zeneca, Genentech, Novartis,
TEVA , Sanofi and Regeneron

Stocks/Other direct financial
holdings: Nothing to declare

Other Commercial Interests:

THE PBL Institute



**Don
Bukstein**

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Allergy, Asthma & Sinus Center
Milwaukee, WI**



Objectives:

- » Define and give examples of and reasons for Misinformation concerning Vaccine use and where it comes from
- » Recognize how to offer and support patients concerning COVID vaccine
- » Understand the Barriers to the communication of information concerning COVID and the COVID Vaccine with respect to parent ,patient and physician attitudes
- » Develop an understanding of why Communication around COVID Vaccine is difficult and how to mitigate misinformation as a result of lack of trust



Although
COVID-19 spreads mostly
via the mouth and nose, scientists now
conclude that the greatest risk comes
from assholes.



Myth of Sisyphus-moving Barb D from Superstition to Science





George Bernard Shaw said:

“The single biggest problem with communication is the illusion that it has occurred.”

Need that Ah Ha! Moment by the patient to Identify and Correct Misinformation!

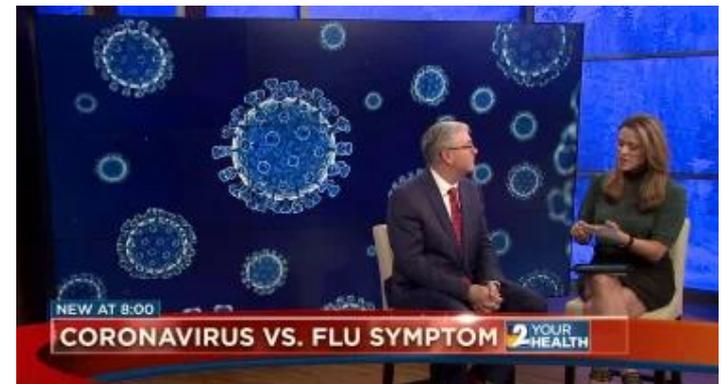
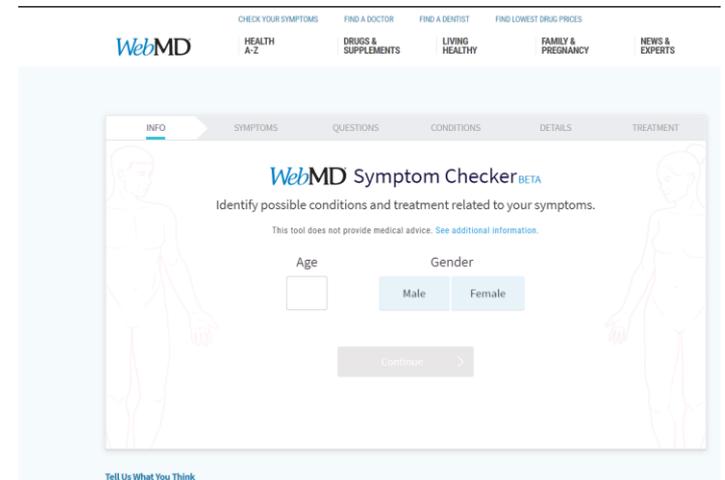
Move from Superstition to Science!

Let's take a poll

If you feel sick and you're looking up your symptoms, where do you turn to first?

- What sources?
- How do you access them?

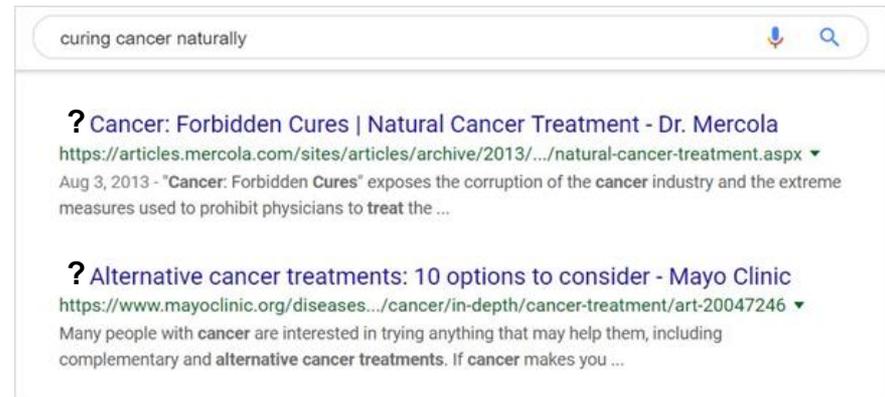
8



When you see health news on social media or in a Google search, all the sources look the same.

Do you always know who's behind the headline?

- **Is it a credible source?**
- **Is it a group with a hidden agenda?**
- **Do they work for a company trying to get you to buy a product?**



Quiz time: Which sources would you trust?

- **Medicine-Today.net**
- **MedicineNet.com**
- **Vaccination.co.uk**
- Patient.info
- HealthyChildren.org
- ChildrensHealthDefense.org

Quiz Answers: Which sources would you trust?

- | | |
|------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
|  Medicine-Today.net |  Patient.info |
|  MedicineNet.com |  HealthyChildren.org |
|  Vaccination.co.uk |  ChildrensHealthDefense.org |

The internet is full of health misinformation

**11% of the news and information websites
Americans rely on publish misinformation
about health, such as false claims about
vaccines, cancer, and diabetes.**

19%

Source: NewsGuard analysis of data from 3,000 news and information websites in the U.S. Read full analysis in STAT News
<https://www.statnews.com/2019/07/26/health-websites-are-notoriously-misleading-so-we-rated-their-reliability/>

Internet Dr to patient to another patientand on

Google University of Medicine

*This certifies that Dr: _____ on recommendation of
the faculty of the Google University of Medicine has conferred the degree of:*

Internet Doctor of Medicine

*Who has honorably fulfilled all the requirements prescribed by
the university for that degree.*

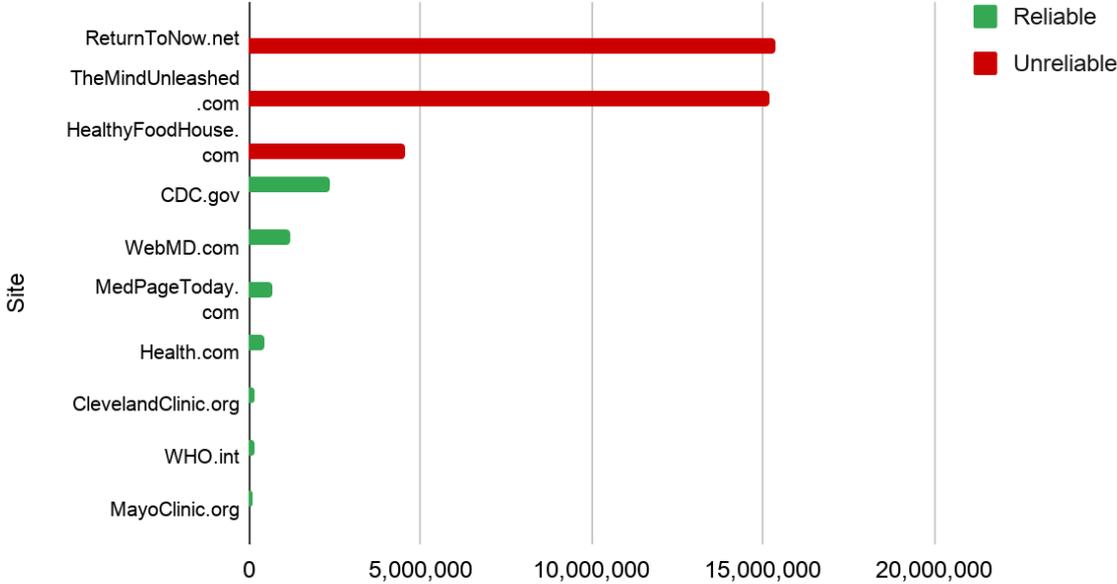


President

Director

Health misinformation is popular on social media

Health Information Website Engagement Over 90 Days



Websites publishing health misinformation receive more engagement (likes, comments, shares) on social media than those publishing accurate health information

Source: Newswhip engagement data for websites over 90-day period preceding April 12, 2020

The Coronavirus “Infodemic”

“The 2019-nCoV outbreak and response has been accompanied by a massive ‘infodemic’ - an **over-abundance of information** – some accurate and some not – that **makes it hard for people to find trustworthy sources and reliable guidance when they need it.**”

— The World Health Organization’s Novel Coronavirus (2019-nCoV) Situation Report - 13

The top COVID-19 myths: False claims about its origin

- **MYTH: “The COVID-19 virus was stolen out of a Canadian lab by Chinese spies.”**
 - **REALITY: Although two Chinese scientists were escorted out of a Canadian lab last July, they left for administrative reasons, and their work had nothing to do with the coronavirus.**
- **MYTH: “A group funded by Bill Gates patented the COVID-19 virus.”**
 - **REALITY: The group in question did receive funding from the Gates Foundation — a philanthropic organization — but its work does not have anything to do with the COVID-19 virus.**
- **MYTH: “5G cell phone technology is linked to the coronavirus outbreak.”**
 - **REALITY: Many scientists and public health institutions have repeatedly found that 5G technology does not pose a risk to human health.**



Infowars, Shutterstock

Read more at <https://www.newsguardtech.com/covid-19-myths/>

The top COVID-19 myths: What are the motivations?



Money



Entertainment



Political
Power



Sloppiness

Cancer.Net vs. Cancer.News: Which source would you trust?

ASCO.org Conquer Cancer ASCO Journals [Donate](#) Español

Cancer.Net

Doctor-Approved Patient Information from ASCO®

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Trusted, compassionate information for people with cancer and their families and caregivers, from the American Society of Clinical Oncology (ASCO), the voice of the world's cancer physicians and oncology professionals.

Search Cancer.Net

FEATURED CONTENT



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NEWS ON CANCER SOLUTIONS



02/05/2020 / By Ralph Flores

Green barley shows potential anti-cancer activity against colon cancer

[f](#) [t](#) [v](#)

NEWS ON CANCER CAUSES

02/05/2020 / By Isabelle Z.

America continues to use 100 herbicides and pesticides that are BANNED in other countries

02/07/2020 / By Isabelle Z.

7 Reasons why 5G is a threat to overall health

02/05/2020 / By Isabelle Z.

How depression and breast cancer are linked

02/02/2020 / By Dr. Veronique Desautels

Is beauty worth it? Limit your exposure to 8 toxic chemicals by avoiding certain personal care products

02/03/2020 / By Isabelle Z.

As of January 1, 2020, the cancer industry has now killed 20 million people around the world since the year 2000

01/31/2020 / By Ethan Huff

Understanding the dangers of bisphenol (and how you can avoid it)

01/29/2020 / By Darnel Fernandez

POPULAR ARTICLES

Candy carcinogens: Petroleum-based additives are being used in popular children's candy

April 03, 2019 / David Gutierrez

The sickening truth about disinfecting wipes: They are made from toxic ingredients that can cause cancer

June 19, 2018 / Isabelle Z.

Stage-3 myeloma cancer completely ELIMINATED with a turmeric supplement - British Medical Journal

January 04, 2018 / Mike Adams

How to outsmart cancer without chemotherapy and radiation

January 19, 2016 / Greg White

These 8 potent nutrients KILL cancer cells with no side effects

June 27, 2018 / Vicki Batts

Science confirms: Inflammation is the underlying cause of almost ALL disease - Here are some natural ways to avoid it

January 11, 2018 / Michelle Simmons

Top 8 ways to HEAL America from cancer - when every US hospital goes 100% ALL NATURAL with

Evaluating Claims: A step-by-step guide

NEWS ▾ VIDEOS PODCASTS SHOP

Percent of patients with COVID-19 infection

Recently, the [New York Post](#) reported how vitamin C was used by a physician at a New York hospital. But, the overall news has been mild – to say the least.

As I know of many healthcare providers that are still unclear about how necessary or how often the amounts should be given – especially as it relates to coronavirus.

To test the effectiveness of vitamin C against viruses, please read carefully the [Molecular Medicine News Service](#).

Functional medicine never fully understand the

...s, healthcare providers and scientists met online March 17, 2020, to discuss the use of intravenous vitamin C (IVC) in the treatment of moderate to severe cases of Covid-19. Dr. Mao, chief of emergency medicine department at Ruijin Hospital, a member of the Shanghai Jiaotong University College of Medicine. Dr. Mao is also a member of the Shanghai Public Health Center, where all Covid-19 patients have been treated. The Shanghai Guidelines for the Treatment of Covid-19 Infection, an official guideline from the Shanghai Association and the Shanghai city government.



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MOST POPULAR

This Week | All Time

- 1 Suspicious activity: Bill Gates reveals a plan to issue "Certificates" for COVID patients
- 2 Ventilator Alert: NYC doctor issues a warning to all healthcare providers
- 3 Disconnected: What COVID-19 is doing to the food supply chain
- 4 Dr. Richard Cheng discusses optimal daily vitamin C intake

1. What's the source?

2. What do other sources say?

3. What's the date?

4. What's the motivation?

Your turn to rate a website!

Criteria

CREDIBILITY

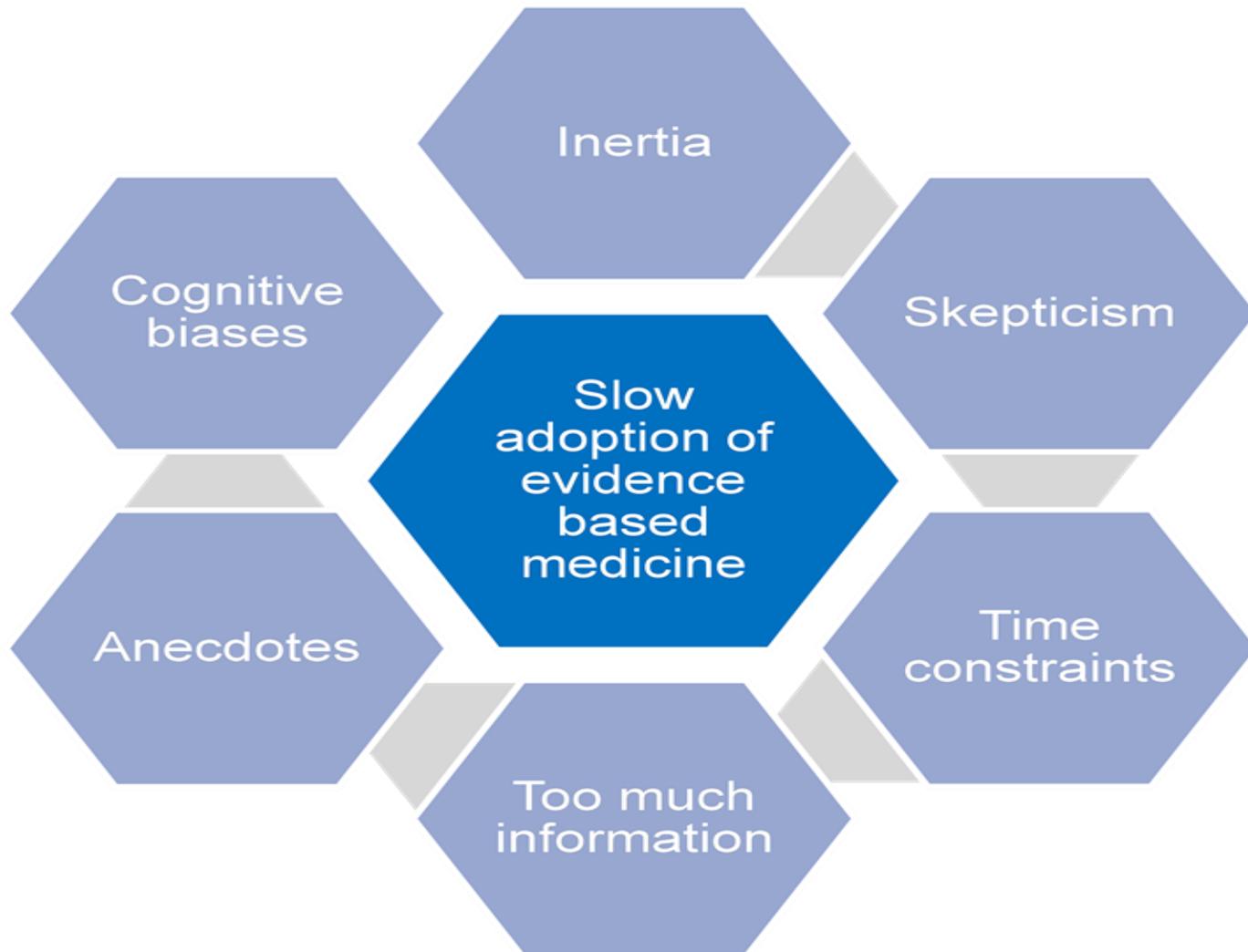
1. Does not repeatedly publish false content
2. Gathers and presents information responsibly
3. Regularly corrects or clarifies errors
4. Handles the difference between news and opinion responsibly
5. Avoids deceptive headlines

TRANSPARENCY

1. Discloses ownership and financing
2. Clearly labels advertising
3. Reveals who's in charge, including any possible conflicts of interest
4. Provides the names of content creators, along with either contact or biographical information

1. [Health.com](https://www.health.com)
2. [MedicalNewsToday.com](https://www.medicalnewstoday.com)
3. [HomeNaturalCures.com](https://www.homenaturalcures.com)
4. [DoctorDavidFriedman.com](https://www.doctordavidfriedman.com)

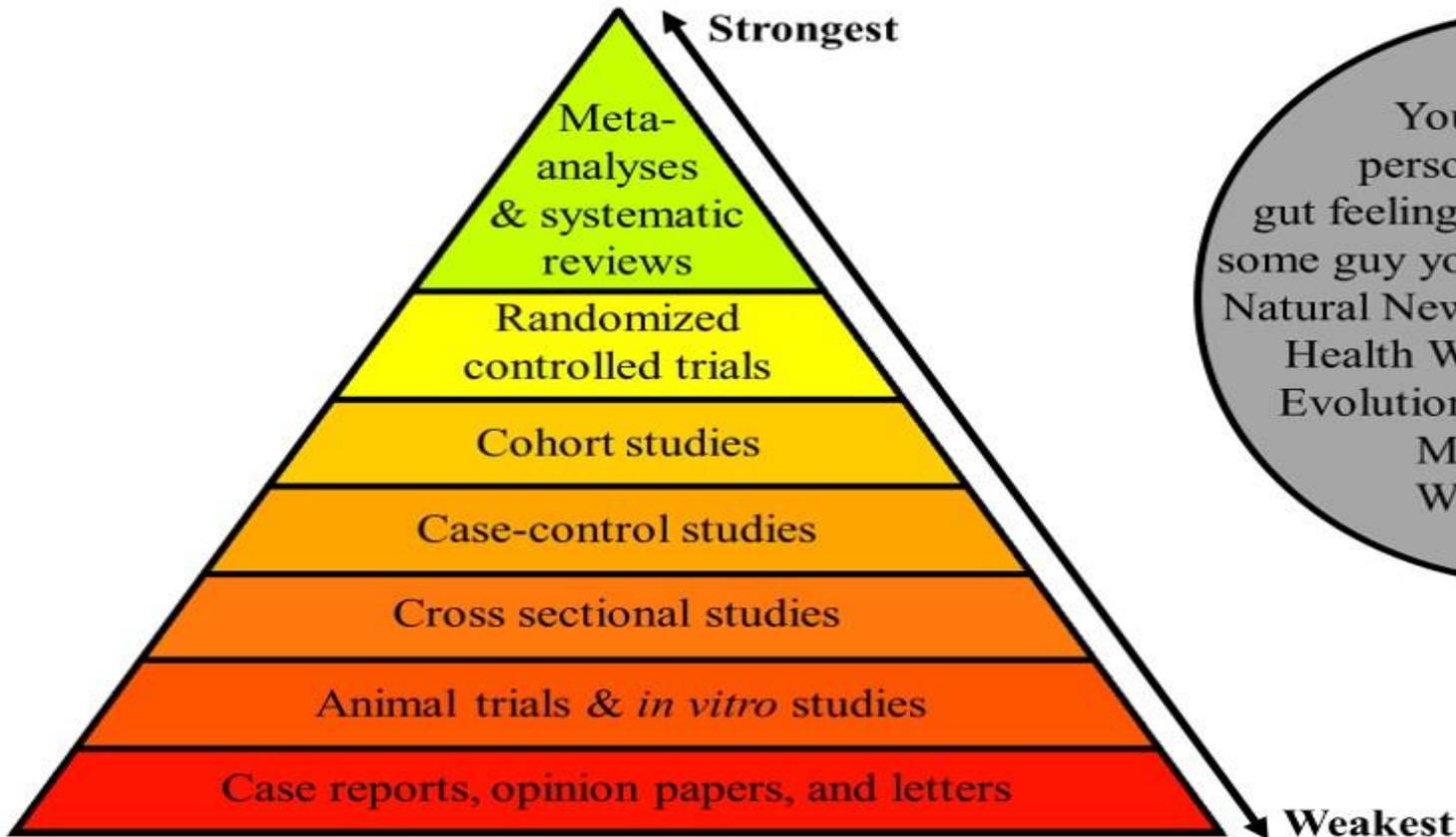
Why Does Barb. D have Misinformation on COVID



What Barb D. may not fully understand

Hierarchy of Scientific Evidence

Not Scientific Evidence



Youtube videos, personal anecdotes, gut feelings, parental instincts, some guy you know, websites like Natural News, Info Wars, Natural Health Warriors, Collective Evolution, Green Med Info, Mercola.com, Whale.to, etc.

Major Reasons for Barb D.'s Misinformation

- » **1. Lack of Clarity (need more info)**
- » **“KNOW WHAT YOUR TALKING ABOUT”**
- » **“MIXED MESSAGES”**
- » **2. Not asked with empathy**
- » **3. Cultural Differences/Literacy**
- » **4. Lack of active listening**
- » **5. Poor manners and rudeness by staff or physicians -may be political in origin of misinformation**

What Barb needs to know about Modern vaccines

- Modern vaccines are safe and effective**
- However, they are neither perfectly safe nor perfectly effective**

- Some persons who receive vaccine will have adverse event**
- Some persons who receive vaccine will not be protected**
- WE can address these concerns-past reaction to influenza**

Balancing benefits and risks

- Use of vaccine depends on balance of benefits and risks **BURDEN OF COVID/BURDENS OF VACCINE**
- This balance may change over time as we learn more about COVID
- Barb does her own:
- Risk assessment – use of the factual base to define the health effects of exposure of individuals or populations
- Risk = Hazard(tech) + Outrage(cultural)
- Source Sandman 2020

Know some relevant RISKS Barb D. may better understand

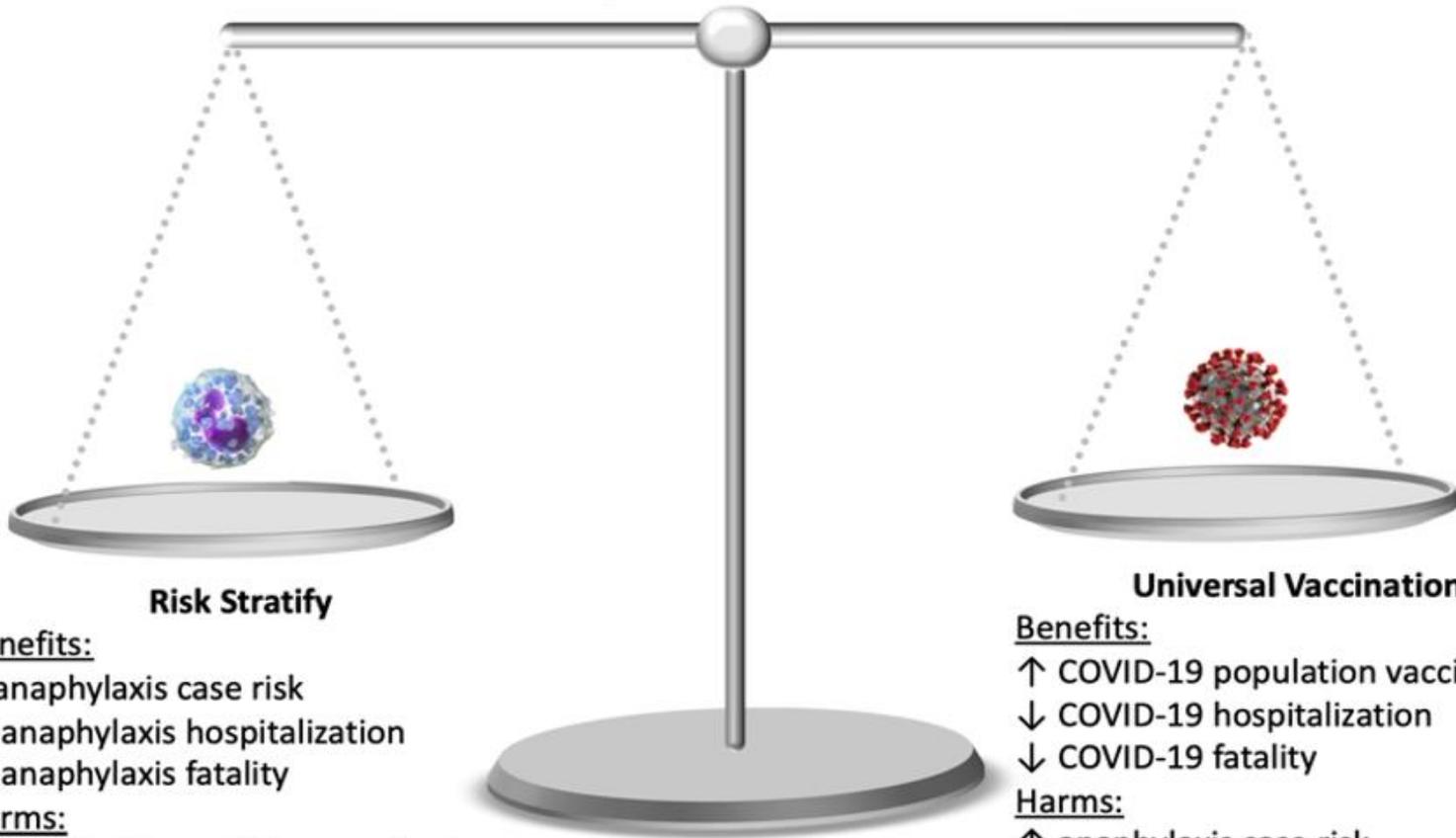
Table 1. Everyday Risks

Some familiar Risks	The Chance They Will Happen
Getting three balls in the UK national lottery	1 in 11
Dying on the road over 50 years of driving	1 in 85
Transmission of measles	1 in 100
Dying of any cause in the next year	1 in 100
Annual risk of death from smoking 10 cigarettes per day	1 in 200
Getting four balls in the UK national lottery	1 in 206
Needing emergency treatment in the next year after being injured by a can, bottle, or jar	1 in 1,00
Needing emergency treatment in the next year after being injured by a bed mattress or pillow	1 in 2000
Death by an accident at home	1 in 7100
Getting five balls in the UK national lottery	1 in 11 098
Death by an accident at work	1 in 40 000
Death playing soccer	1 in 50 000
Death by murder	1 in 100 000
Being hit in your home by a crashing aeroplane	1 in 250 000
Death by rail accident	1 in 500 000
Drowning in the bath in the next year	1 in 685 000
Getting six balls in the UK national lottery	1 in 2 796 763
Being struck by lightning	1 in 10 000 000
Death from new variant Creutzfeldt-Jakob disease	1 in 10 000 000
Death from a nuclear power accident	1 in 10 000 000

Table of Everyday Risks. Available from: <https://www.bmj.com/content/suppl/2003/09/25/327.7417.694.DC1>.

How Do I personalize this for Barb D.?

Risk Stratify or Universal Vaccination?



Risk Stratify

Benefits:

- ↓ anaphylaxis case risk
- ↓ anaphylaxis hospitalization
- ↓ anaphylaxis fatality

Harms:

- ↓ COVID-19 population vaccination
- ↑ COVID-19 hospitalization
- ↑ COVID-19 fatality

Universal Vaccination

Benefits:

- ↑ COVID-19 population vaccination
- ↓ COVID-19 hospitalization
- ↓ COVID-19 fatality

Harms:

- ↑ anaphylaxis case risk
- ↑ anaphylaxis hospitalization
- ↑ anaphylaxis fatality

Features than may be a problem with Barb getting vaccine

- **Distrust of science**
- **Greater attention to risk due to previous Rx**
- **Better access to real-time information**
- **Physicians as knowledge managers rather than knowledge repositories-need to use SDM aids**

Source: Muir Gray – Lancet 1999;354:1550-1553

Scientists must take care not to treat fear and reservation as ignorance and then try to destroy them with a blunt “rational” instrument.

Source Patterson-BMJ 2010:323:838-840

Reasons for Barb's lack of support for immunizations

- **Ignorance**
- **Fear**
- **Contraindication**
- **Religion**
- **Philosophy**
- **“Informed” opposition**

Suspicious about the safety of vaccines not new with COVID

Campion. NEJM 2002;347:1474-1475

“Objective data are not likely to put an end to the controversy. Strongly held beliefs are difficult to change. We live in an era in which the public does not have a high degree of trust in the vaccine manufacturers, the government, or the medical establishment. Consumers have become highly sensitive about safety...”

Pregnancy and COVID Vaccine

- **Question** What is the immunogenicity of COVID-19 messenger RNA (mRNA) vaccines in pregnant and lactating women?
- **Findings** In this cohort study involving 103 women who received a COVID-19 mRNA vaccine, 30 of whom were pregnant and 16 of whom were lactating, immunogenicity was demonstrated in all, and vaccine-elicited antibodies were found in infant cord blood and breast milk. Pregnant and nonpregnant vaccinated women developed cross-reactive immune responses against SARS-CoV-2 variants of concern.
- **Importance** Pregnant women are at increased risk of morbidity and mortality from COVID-19 but have been excluded from the phase 3 COVID-19 vaccine trials. Data on vaccine safety and immunogenicity in these populations are therefore limited.
- **Objective** To evaluate the immunogenicity of COVID-19 messenger RNA (mRNA) vaccines in pregnant and lactating women, including against emerging SARS-CoV-2 variants of concern.

Parents' Guide
to

CHILDHOOD IMMUNIZATIONS



Department of Health and Human Services
Centers for Disease Control and Prevention





Department of Health and Human Services

Centers for Disease Control and Prevention

Search:

Vaccines & Immunizations

Vaccine-preventable disease levels are at or near record lows. However, we cannot take high immunization coverage levels for granted. To continue to protect America's children and adults, we must obtain maximum immunization coverage in all populations, establish effective partnerships, conduct reliable scientific research, implement immunization systems, and ensure vaccine safety.

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Vaccine-Related Topics

- [For Specific Groups of People](#)
- [For Travelers](#)
- [Vaccine Safety and Adverse Events](#)
- [Vaccines & Preventable Diseases](#)
- [Basics and Common Questions](#)
- [Research & Development](#)



immunization through the years

Additional Resources

- [Publications](#)
- [News and Media Resources](#)
- [Calendars and Events](#)
- [Education and Training](#)
- [Programs and Tools](#)

In the Spotlight

- [2006 National Immunization Survey Data \(August 30\)](#)
- [Current vaccine supply of varicella and hepatitis A vaccine \(August 22\)](#)
- [Spanish version of the Adult Immunization Schedule now available \(August 22\)](#)
- [ACIP recommends MCV4 for all 11-18 Year Olds \(August 10\)](#)
- [View all ...](#)

Immunization Schedules

Child, adolescent, and catchup schedules; adult schedules; instant scheduler for

Flu website

What You Should Know About the Flu, Vaccine Bulletins, Patient & Provider

For Parents: Why Immunize?

Understanding vaccines and their purpose, parents who question vaccines,



National Network for
Immunization Information

- [Immunization Science](#)
- [Immunization Issues](#)
- [Health Professionals](#)
- [Parents](#)
- [Pressroom](#)
- [About NNii](#)
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Search for State Vaccine
Requirements for School Entry

VACCINES AND THE DISEASES THEY PREVENT

- | | |
|----------------------------------------|--------------------------|
| Anthrax | Pneumococcal disease |
| Diphtheria | Polio |
| Haemophilus Influenzae
type b (Hib) | Rabies |
| Hepatitis A | Rotavirus |
| Hepatitis B | Rubella |
| Human Papillomavirus
(HPV) | Shingles (Herpes Zoster) |
| Influenza | Smallpox |
| Lyme Disease | Tetanus |
| Measles | Tuberculosis |
| Meningococcal disease | Typhoid Fever |
| Mumps | Varicella (Chickenpox) |
| Pertussis (Whooping
Cough) | Yellow Fever |

English | Español

SEARCH: [GO](#)

What's New

August 27, 2007
CDC reported that **outbreaks of respiratory illness were mistakenly attributed to pertussis.**

August 24, 2007
CDC released the final **2006 Reports of Nationally Notifiable Infectious Diseases.**

August 20, 2007
In Fall 2007, I4PH will release it's new book **Do**

The National Network for Immunization Information (NNii) provides up-to-date, science-based information to healthcare professionals, the media, and the public: everyone who needs to know the facts about vaccines and immunization.

VAERS Test

An 'adverse event' reported to the Vaccine Adverse Event Reporting System is...

Caused by a vaccine

Immunezation Issues

Mandatory HPV Immunization for Middle School Girls

Many states are considering whether or not to mandate HPV vaccine for school entry for sixth grade and above. What are the issues pro and con regarding HPV vaccine mandates?

[READ MORE](#)

Immunezation Science

PCV7 and Ear Infections

Immunization Action Coalition

Vaccination Information for Healthcare Professionals

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Welcome!

Are you looking for materials to
educate parents
EDUCATE PARENTS
about pre-teen vaccines
and the **11 and 12** year old
check-up?

[CLICK HERE TO LEARN MORE](#)



CDC Targets Pre-teen Vaccinations

A new CDC campaign launched during National Immunization Awareness Month encourages parents to protect 11- and 12-year-olds with three recommended vaccines and a routine health checkup.

What's New at IAC

Chronological listing of new and revised IAC materials

New Releases

Vaccine licensures, recommendations, and resources

Vaccines and Vaccine-Preventable Diseases in the News

Media coverage about vaccines and vaccine-preventable diseases

Visit www.preventinfluenza.org

The website of the National Influenza Vaccine Summit

You are now visiting the nation's premier source of childhood, adolescent, and adult immunization information and hepatitis B educational

Special Topics

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[Influenza Information](#)

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[CDC's influenza site](#)

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NATIONAL VACCINE INFORMATION CENTER



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FACTS - A TIMELINE
1982-2007](#)

*"... If the State can tag, track down and force citizens against their will to be injected with biologicals of unknown toxicity today, there will be no limit on what individual freedoms the State can take away in the name of the greater good tomorrow."
- Barbara Loe Fisher, Co-Founder NVIC*

ABOUT NVIC

The National Vaccine Information Center (NVIC) is a national, non-profit educational organization founded in 1982. The oldest and largest consumer organization advocating the institution of vaccine safety and informed consent protections in the mass vaccination system, NVIC is responsible for launching the vaccine safety and informed consent movement in America in the early 1980's.

OUR MISSION

The National Vaccine Information Center (NVIC) is dedicated to the prevention of vaccine injuries and deaths through public education and to defending the informed consent ethic. As an independent clearinghouse for information on diseases and vaccines, NVIC does not promote the use of vaccines and does not advise against the use of vaccines. We support the availability of all preventive health care options and the right of consumers to make educated, voluntary health care choices, including vaccination choices.

OUR WORK

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ARTICLES AND INTERVIEWS

[CHRISTIAN BROADCASTING
NETWORK](#)

Are Vaccinations Safe for Your Kids? August 1, 2007

[TODAY SHOW](#)

*Should HPV Vaccine Be Mandatory?
February 13, 2007*

[VACCINE, by Arthur Allen](#)
January 5, 2007

[MOTHERING MAGAZINE](#)

*In the Wake of Vaccines
Sept/Oct 2004*

[THE BRIAN LEHRER SHOW](#)

*Public Health vs Parents' Fears
10/9/03*

[REDFLAGSDAILY.COM](#)

The Challenge to Mass



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OVERVACCINATING OUR
CHILDREN?

VACCINE MYTHS AND
FACTS - A TIMELINE
1982-2007

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(Internet Explorer Required)

THE VACCINE REACTION

“When it happens to you or your child, the risks are 100%”

Published by the National Vaccine Information Center

Barbara Loe Fisher, Editor

Special Report

Winter 2002

SMALLPOX AND FORCED VACCINATION: WHAT EVERY AMERICAN NEEDS TO KNOW

*In this time of great sadness, fear and confusion,
Americans have a choice to make: either we defend the individual freedoms
our forefathers fought and died to give us,*

or we sacrifice these freedoms and let the terrorists win.

BARBARA LOE FISHER
SPEAKS OUT

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Vaccination Liberation - Home

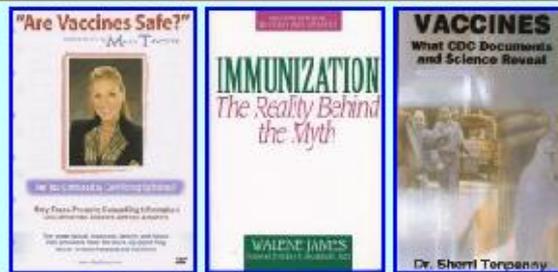
* "Free Your Mind....From The Vaccine Paradigm"



#Random Quotes:

89% of doctors rely on drug company salesmen for their information. -The Australian Doctor 1989

Legal:	Science:	Misc:	Searches:
*Exemption Page State Chapter/ Resource Contacts Avoid Vaccinations Activism LegalNews	Introduction Basic Facts Package Inserts Ingredients of Vaccines Q and A Artificially Sweetened Times	Membership Books Videos Tapes 100+ Anti-Vax links Español Breaking News Planned Events	KeyWord Index Index/Link Pages Search Our Site Home Page Index Page Smallpox Alert!



Give the gift of knowledge

Vaccination Liberation

Vaccination Liberation is part of a national grassroots network dedicated to providing information on vaccinations not often made available to the public so that one can make the only informed choice, complete avoidance and refusal.

LINKS

- [Cancer Vaccine](#)
- [Avian Bird Flu](#)

Get The Facts

Uncensored information about vaccines and how they affect our children...



Welcome to the
ThinkTwice Global Vaccine Institute.

We offer an extensive selection of uncensored information on childhood shots and other immunizations.

Because this is such an important topic, we believe that parents are entitled to a full disclosure of *all* pertinent data and the freedom to choose whether or not to vaccinate their children.

Important Information

Exceptional Vaccine Book!

**> Vaccines:
Are They Really Safe & Effective?**

Includes the most **current studies** on ALL recommended shots.

Find out more about this extremely well-documented vaccine book.



Now Available!

**Vaccines, Autism and
Childhood Disorders**
Crucial Data That Could

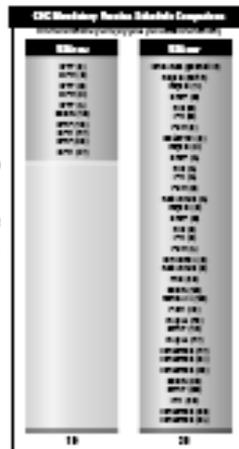


ARE WE OVER-VACCINATING OUR KIDS?

Since 1962, the number of vaccines the Centers for Disease Control recommends for our kids has more than tripled. During this same time period, we've seen an explosion in neurological disorders like ADHD and autism, particularly with our boys, who represent 4 out of 5 cases.

Are these increases related? Can there be too much of a good thing? Until now, no one could know for sure,

because no study had ever been done to compare the rate of neurological disorders between vaccinated and unvaccinated children.



We commissioned a market research firm to survey more than 17,000 children in California and Oregon. We found that vaccinated boys had more than a 2.5-times greater rate of neurological disorders than unvaccinated boys. We believe a national study must be done to further explore these disturbing results.

Visit our site and read the results of our survey, as well as find helpful information on how to vaccinate your child more safely. Learn more at www.generationrescue.org

A NEW SURVEY OF KIDS IN CALIFORNIA AND OREGON SAYS WE MAY WELL BE.

Types of misinformation found on 32 websites critical of COVID vaccines

- **False conclusions from true statements**
- **“Straw man” arguments**
- **Hidden profit motivation**
- **Appeals to emotions**
- **Lies**
- **Appeals to distrust of govt & industry**

Source: T Anderson, IAC, 2020

Subtexts in anti-immunization articles

- **Cover-up**
- **Excavation of the facts**
- **Unholy alliance for profit**
- **Towards totalitarianism**
- **Us and them**
- **Poisons**
- **Vaccines as the cause of idiopathic ills**
- **Back to nature**

- **Leask. Aust N Z J Public Health 2020;22:17-26**

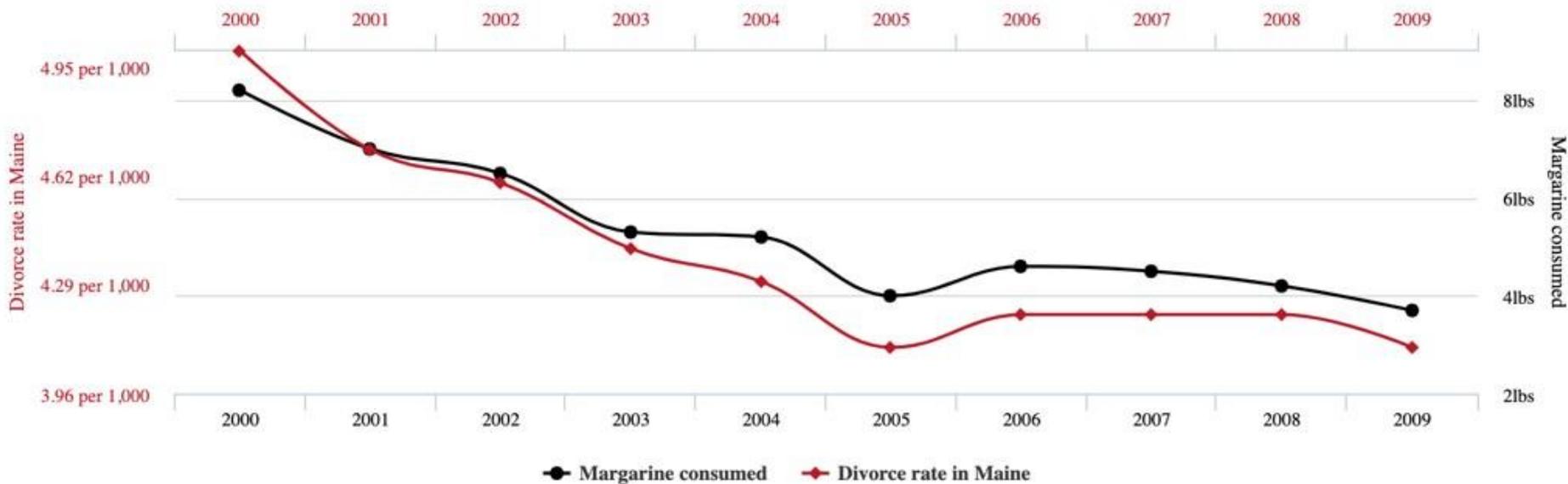
Themes for dealing with Misinformation

- **Carpe diem “most common”**
- **Be prepared**
- **For advanced doubters, be very prepared (may never be able to change their minds)**
- **Appreciate the illogical**

Source: Scheifele, 1997

Divorce rate in Maine correlates with Per capita consumption of margarine

Correlation: 99.26% (r=0.992558)



Achieving / Maintaining Communication Credibility with Barb D.

- **Respond quickly**
- **Get the facts right, repeat them consistently**
- **Express empathy and caring, acknowledge uncertainty**
- **Provide competent spokespersons with expertise**
- **Provide honest, open responses even if they are not positive**
- **Follow through, do what we say we will**

Vaccine-related Misinformation Communications: Challenging Media Conventions

- **Length – journalists and editors try to retain the truthfulness of a story while condensing it.**
- **Media create and present “stories”**
 - **Good stories require conflict – and conflict usually requires “victims,” “villains” and “heroes”**
 - **Colorful quotes**
 - **“Balance” (e.g., stories generally need more than one point of view)**
 - **Nuance and context are often lost in the process**
- **Headlines must grab attention**

Keys to Effective (Risk) Communication to Barb D.

- **Credibility**
- **Trust / Honesty**
- **Mutual respect**
- **Commitment**
- **Expertise (including good quality information)**
- **Empathy**
- **Recognition that individual decisions may be based more on values than on evidence**

Components of effective risk communication

Ball. Peds 1998;101:453-458

- **Communicate existing knowledge**
- **Recognize factors influencing Barbs risk perception**
- **Acknowledge potential risk communication pitfalls**
- **Engage parents appropriately – decision-making partnership with physician**
- **PLEASE see script of COVID vaccine SDM**

Responding to parental refusals of immunization of children

- Listen carefully and respectfully to Barbs concerns and establish misinformation and trust**
- Share honestly what is and is not known about risks and benefits of the vaccine**
- Assist Barb in understanding that risks of immunization should be considered in comparison of risk of not being immunized**
- Discuss Barb's specific concerns about COVID vaccine**
- Discuss Barbs general concerns about vaccine side effects during pregnancy**
- Explore whether cost is a reason**
- Respect (and document?) continued refusal**
- Generally avoid discharging Barb or any patients because of refusal**

Refusal to Vaccinate

Child's Name: _____ Child's ID # _____

Parent's/Guardian's Name: _____

My child's doctor/nurse, _____ has advised me that my child (named above) should receive the following vaccines:

Recommended		Declined
<input type="checkbox"/>	Hepatitis B vaccine	<input type="checkbox"/>
<input type="checkbox"/>	Diphtheria, tetanus, acellular pertussis (DTaP or Tdap) vaccine	<input type="checkbox"/>
<input type="checkbox"/>	Diphtheria tetanus (DT or Td) vaccine	<input type="checkbox"/>
<input type="checkbox"/>	<i>Haemophilus influenzae</i> type b (Hib) vaccine	<input type="checkbox"/>
<input type="checkbox"/>	Pneumococcal conjugate vaccine	<input type="checkbox"/>
<input type="checkbox"/>	Inactivated poliovirus vaccine (IPV)	<input type="checkbox"/>
<input type="checkbox"/>	Measles-mumps-rubella-varicella (MMRV) vaccine	<input type="checkbox"/>
<input type="checkbox"/>	Measles-mumps-rubella (MMR) vaccine	<input type="checkbox"/>
<input type="checkbox"/>	Varicella (chickenpox) vaccine	<input type="checkbox"/>
<input type="checkbox"/>	Influenza (flu) vaccine	<input type="checkbox"/>
<input type="checkbox"/>	Meningococcal vaccine	<input type="checkbox"/>
<input type="checkbox"/>	Hepatitis A vaccine	<input type="checkbox"/>
<input type="checkbox"/>	Rotavirus vaccine	<input type="checkbox"/>
<input type="checkbox"/>	Other _____	<input type="checkbox"/>

I have read the Vaccine Information Sheet(s) from the Centers for Disease Control and Prevention explaining the vaccine(s) and the disease(s) they prevent. I have had the opportunity to discuss these with my child's doctor or nurse, who has answered all of my questions regarding the recommended vaccine(s). I understand the following:

- The purpose of and the need for the recommended vaccine(s)
- The risks and benefits of the recommended vaccine(s)
- If my child does not receive the vaccine(s), the consequences may include:
 - contracting the illness the vaccine should prevent (the outcomes of these illnesses may include one or more of the following: pneumonia, illness requiring hospitalization, death, brain damage, meningitis, seizures, and deafness. Other severe and permanent effects from these vaccine-preventable diseases are possible as well)
 - transmitting the disease to others
 - requiring my child to stay out of child care or school during disease outbreaks
- My child's doctor or nurse, the American Academy of Pediatrics, the American Academy of Family Physicians, and the Centers for Disease Control and Prevention all strongly recommend that these vaccines be given according to recommendations

Nevertheless, I have decided at this time to decline the vaccine(s) recommended for my child, as indicated above, by checking the appropriate box under the column titled "declined."

I know that failure to follow the recommendations about vaccination may endanger the health or life of my child and others with which my child might come into contact.

I know that I may re-address this issue with my child's doctor or nurse at any time and that I may change my mind and accept vaccination for my child anytime in the future.

I acknowledge that I have read this document in its entirety and fully understand it.

Parent/Guardian Signature _____ Date _____

Witness _____ Date _____

I have had the opportunity to re-discuss my decision not to vaccinate my child and still decline the recommended immunizations.

Parent's initials _____ Date _____ Parent's initials _____ Date _____

Parent's initials _____ Date _____ Parent's initials _____ Date _____



**Talk with people,
not to them or at them**

SAFETY MONITORING:

Existing systems and data sources are used to monitor safety

[Vaccine Adverse Event Reporting System \(VAERS\)](#)

[Vaccine Safety Datalink \(VSD\)](#)

[Clinical Immunization Safety Assessment \(CISA\)](#)

[Biologics Effectiveness and Safety System \(BEST\)](#)

New systems have been developed to monitor COVID-19 vaccine safety, such as [v-safe](#):

Active surveillance that uses text messaging to initiate

Will provide telephone follow up to anyone who reports medically significant adverse events.

Summary

- **Vaccines (INCLUDING COVID VACCINES) have had a major impact on disease incidence (>95% reduction) MODERNA**
- **Immunization coverage at record high**
- **Extensive process for risk assessment and risk management**
- **Major shortcoming is in Burden of COVID/Burden of Vaccine communication**
- **Providers need to listen and communicate effectively (see script)**

Five classes of network-based interventions designed to disrupt the social and technological mechanisms of COVID-19 misinformation:

- 1) mobilizing champions,
- 2) segmenting people into groups,
- 3) inducing virality,
- 4) altering network dynamics,
- 5) redesigning social network platforms

What are we really up against?

- 3-week period alone, the *Washington Post* noted 2 million tweets containing conspiracy theories about coronavirus, citing “dangerous disinformation online.
- WHO head: “we're not just fighting an epidemic; we're fighting an infodemic” citing that incorrect information “spreads faster and more easily than this virus
- Colorado Survey: significant relationship with daily media consumption and higher state anxiety (Greenwalt 2020)

Current state of patient information

- COVID 19 information is available for public consumption, often unvetted for accuracy, and at times politicized
- Even before shift to forms of social media (such as Facebook and Twitter) for basic medical information,
- Over 50-70% of all patients search online information sources before allergy appointments.

OUR Proactive presence and planning on social media

- Social media could also be used to monitor and track misinformation, and be an instrument to help respond. (public twitter dataset, as was recently established COVID19-over 150 million tweets)
- Track trends in misinformation- need help from ACAAI-alerts on major search engines, join list serves to receive updates, and use the available information to better arm ourselves to counter misinformation.

Lack of patient trust and Allergist SDM

- Can not only damage the patient-provider relationship, risk polarizing health beliefs and set up discourse between clinician and patient, but also lead patients to seek non-evidence-based promises of miracle cures, costly treatments, or unnecessary testing
- Stukus D.R.
- **How Dr Google is impacting parental medical decision making.**
- *Immunol Allergy Clin North Am.* 2019; **39**: 583-591

Social media is only one part of the larger problem

- Allergists interpersonal influences such as interest among social circles in alternatives to traditional medications, and familial and peer group vaccine hesitancy
- Broader community and societal factors(Diversity) contribute to vaccination rates and attitudes including access to primary care, cost, and lack of compulsory vaccination policies in the underserved-rural and inner city

What can we do?

- Change the social narrative, COVID 19 response or vaccination, we need to view individual's opinions, even if shaped by social media, and SDM helps
- Realize how Pervasive and Dangerous misinformation in all areas of medicine.
- Need to learn how to contribute to discussion /better inform our patients/change our mindset to engage in less traditional avenues of knowledge dissemination.

So why is such misinformation so pervasive?

- Misinformation dominates our social culture, and yet, “advocates and affected individuals dominate discussions,” while researchers and health professionals are busy diagnosing/researching.
- Who society views as a trusted health care expert has shifted
- Harrington D.W.
- Elliott S.J.
- Clarke A.E.
- **Frames, claims and audiences: construction of food allergies in the Canadian media.**
- *Public Underst Sci.* 2012; **21**: 724-739

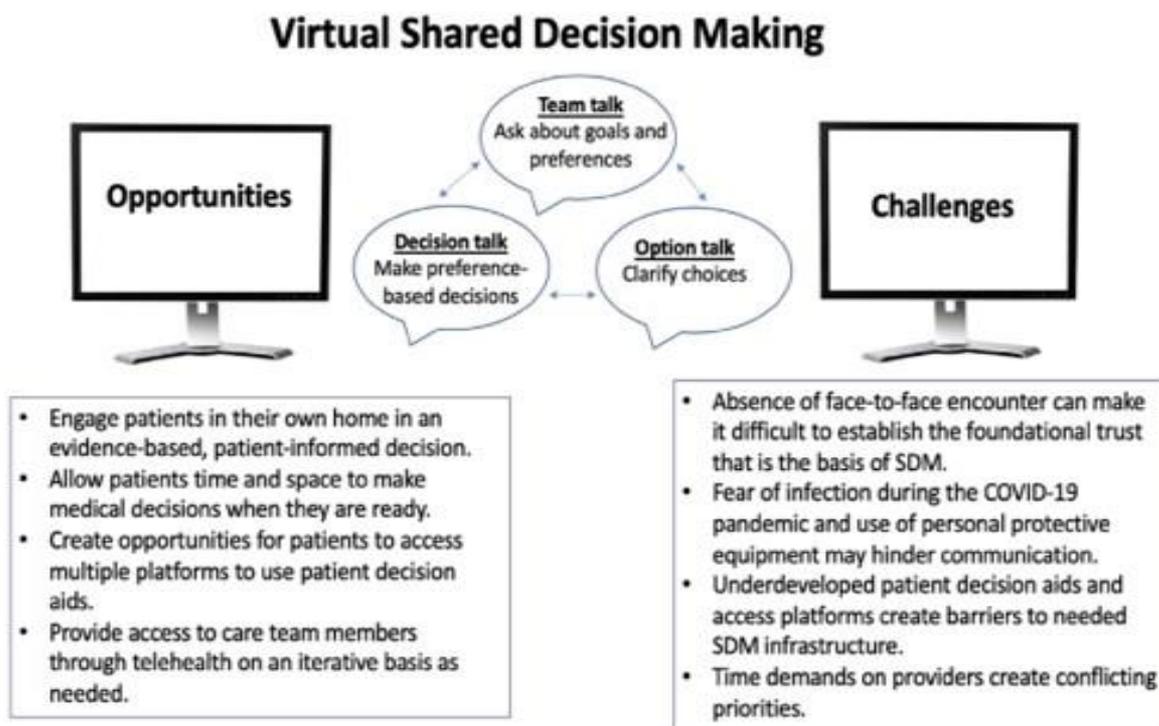
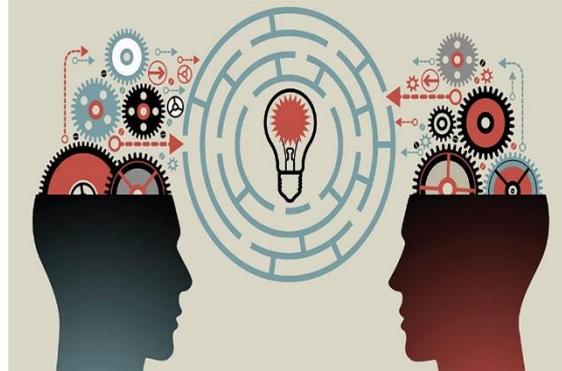


FIGURE 1. VSDM. Images created by creative commons license. Three-talk model of shared decision adapted from Blaiss et al.¹³

Shared Decision-Making-VIRTUAL



- Engage patients in their own home in an evidence-based, patient-informed decision.
- Allow patients time and space to make medical decisions when they are ready.
- Creates opportunities for patients to access multiple platforms to use patient decision aids.
- Provides access to care team members through telehealth on an iterative basis as needed.

- Absence of face-to-face encounter can make it difficult to establish the foundational trust that is the basis of SDM.
- Fear of infection during the COVID-19 pandemic and use of personal protective equipment may hinder communication.
- Underdeveloped patient decision aids and access platforms create barriers to needed SDM infrastructure.
- Time demands on providers create conflicting priorities.

1



Be First:

Crises are time-sensitive. Communicating information quickly is crucial. For members of the public, the first source of information often becomes the preferred source.

2



Be Right:

Accuracy establishes credibility. Information can include what is known, what is not known, and what is being done to fill in the gaps.

3



Be Credible:

Honesty and truthfulness should not be compromised during crises.

4



Express Empathy:

Crises create harm, and the suffering should be acknowledged in words. Addressing what people are feeling, and the challenges they face, builds trust and rapport.

5



Promote Action:

Giving people meaningful things to do calms anxiety, helps restore order, and promotes some sense of control.³

6



Show Respect:

Respectful communication is particularly important when people feel vulnerable. Respectful communication promotes cooperation and rapport.

Encouraging Motivation to Change Am I Doing this Right?

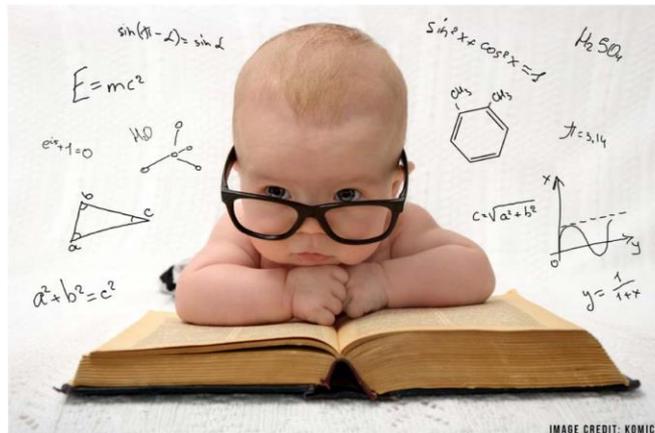
1. ✓ **Do I listen more than I talk?**
X Or am I talking more than I listen?
2. ✓ **Do I keep myself sensitive and open to this person's issues, whatever they may be?**
X Or am I talking about what I think the problem is?
3. ✓ **Do I invite this person to talk about and explore his/her own ideas for change?**
X Or am I jumping to conclusions and possible solutions?
4. ✓ **Do I encourage this person to talk about his/her reasons for *not* changing?**
X Or am I forcing him/her to talk only about change?
5. ✓ **Do I ask permission to give my feedback?**
X Or am I presuming that my ideas are what he/she really needs to hear?
6. ✓ **Do I reassure this person that ambivalence to change is normal?**
X Or am I telling him/her to take action and push ahead for a solution?
7. ✓ **Do I help this person identify successes and challenges from his/her past *and* relate them to present change efforts?**
X Or am I encouraging him/her to ignore or get stuck on old stories?
8. ✓ **Do I seek to understand this person?**
X Or am I spending a lot of time trying to convince him/her to understand me and my ideas?
9. ✓ **Do I summarize for this person what I am hearing?**
X Or am I just summarizing what I think?
10. ✓ **Do I value this person's opinion more than my own?**
X Or am I giving more value to my viewpoint?
11. ✓ **Do I remind myself that this person is capable of making his/her own choices?**
X Or am I assuming that he/she is not capable of making good choices?

Encouraging Behavior Change

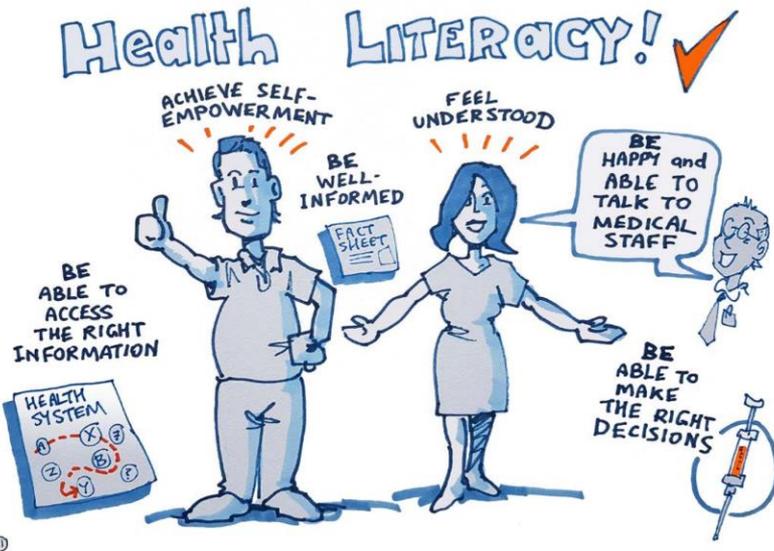
» Build self-awareness about your attitudes, thoughts, and communication style as you conduct your work. Keep your attention centered on the people you serve. Encourage *their*

Correcting misinformation

Have **successful strategies** for combating misinformation been found?



Health literacy



There is evidence to suggest that **critical thinking** is a skill that can be taught.

However, gauging the efficacy of health literacy programs is extremely difficult, and findings have been **mixed**.
(Stevenson et al. 2007)

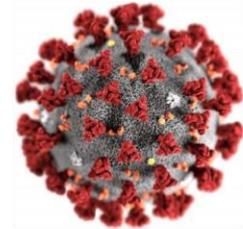
Grinberg, N., Joseph, K., Friedland, L., Swire-Thompson, B., & Lazer, D. (2019). Fake news on Twitter during the 2016 US presidential election. *Science*, 363(6425), 374-378.



Covid-19

Disinformation and misinformation can be particularly problematic in a crisis because it takes time for science to establish the facts.

- **Fake experts** can speak with more certainty
- Misinformation can be spread by **real scientists** due to preprints prior to peer review
- Fake open access journals that accept publications for monetary gain (otherwise known as “**predatory journals**”)



Recommendations

What *does* cognitive psychology recommend for correcting misinformation?

1. Provide factual alternatives

(Johnson & Seifert, 1994)

2. Provide warnings if misinformation will appear

(Ecker, Lewandowsky & Tang, 2010)



Recommendations

What *does* cognitive psychology recommend for correcting misinformation?

1. Provide factual alternatives

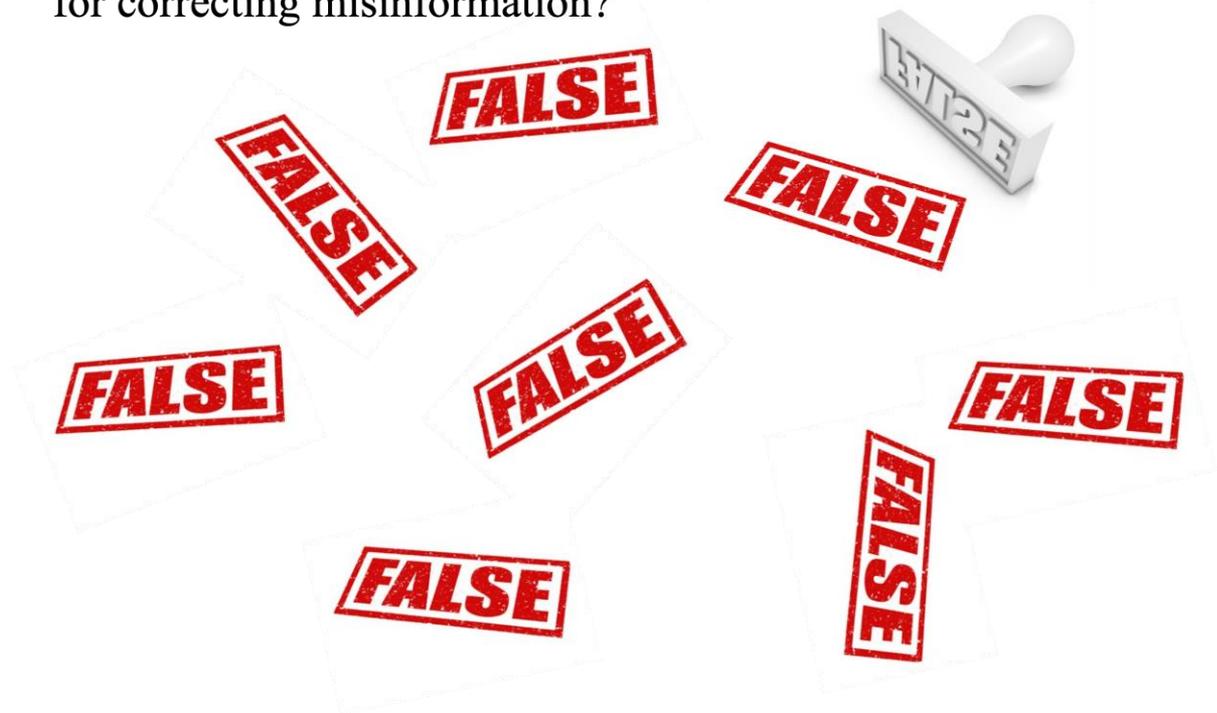
(Johnson & Seifert, 1994)

2. Provide warnings if misinformation will appear

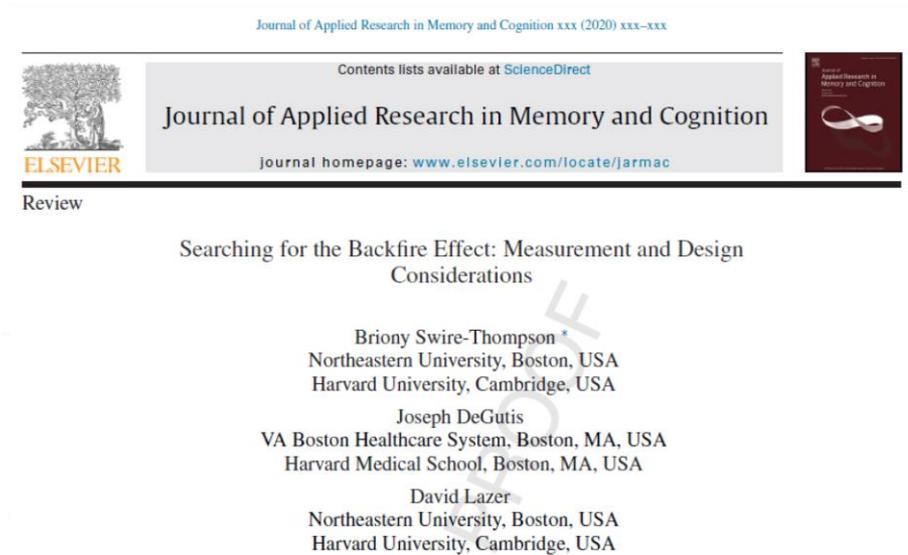
(Ecker, Lewandowsky & Tang, 2010)

3. Repeat corrections

(Ecker, Lewandowsky & Swire & Chang, 2011)



The backfire effect



Swire-Thompson, B., DeGutis, J., & Lazer, D. (*in press*). Searching for the backfire effect: Measurement and design considerations. *Journal of Applied Research in Memory and Cognition*

The backfire effect

A **backfire effect** is said to occur when an evidence-based correction leads to an individual believing *even more* in the very misconception the correction is aiming to rectify.



It is not a robust
empirical phenomenon

Swire-Thompson, B., DeGutis, J., & Lazer, D. (*in press*). Searching for the backfire effect: Measurement and design considerations. *Journal of Applied Research in Memory and Cognition*

The backfire effect

The familiarity backfire effect has often been conflated with the more well-established illusory truth effect:

- **Illusory truth effect:** refers to increasing belief due to information repetition in the absence of a correction and is a robust empirical phenomenon.
- **Familiarity backfire effect:** refers to increasing belief due to information repetition within a correction and has little to no empirical support.



Swire-Thompson, B., DeGutis, J., & Lazer, D. (*in press*). Searching for the backfire effect: Measurement and design considerations. *Journal of Applied Research in Memory and Cognition*

The backfire effect

On the whole, people are quite good at updating their belief
when they read corrective evidence

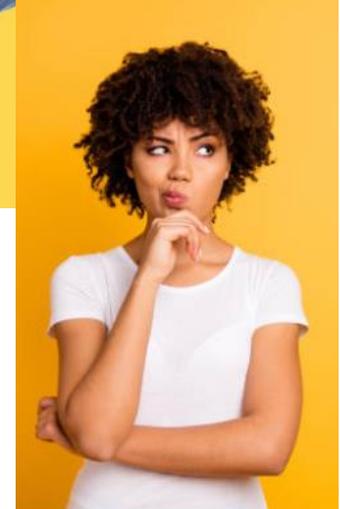
Swire-Thompson, B., DeGutis, J., & Lazer, D. (*in press*). Searching for the backfire effect: Measurement and design considerations.
Journal of Applied Research in Memory and Cognition

Thank you!



The Challenge: Need to instill vaccine confidence

- Only **58%** of the general public said they would receive a COVID-19 vaccine
(Data from October 2020 Harris poll)
- Factors weighing on acceptance
 - Are there side effects?
 - Does it work?
 - Is it safe?
 - How much does it cost?



Tyson, A, Johnson, C, & Funk, C. (2020, September 17). *U.S. Public Now Divided Over Whether to Get COVID-19 Vaccine*. Pew Research Center. <https://www.pewresearch.org/science/2020/09/17/u-s-public-now-divided-over-whether-to-get-covid-19-vaccine/>



The Challenge: Increasing acceptability

- COVID-19 vaccine would more acceptable if
 - Healthcare team said it was safe
 - No costs to the individual
 - It would help get back to school and work
 - They could get it easily



Jackson, C., & Newall, M. (2020, September 29). *Despite COVID-19 spike, few individual behaviors are changing*. Ipsos. <https://www.ipsos.com/en-us/news-polls/axios-ipsos-coronavirus-index/>

Vaccine hesitancy among healthcare providers

- **American Nursing Foundation Survey (Oct 2020)**
 - **63% were somewhat or very confident that the vaccine will be safe and effective.**
 - **34% would voluntarily receive COVID-19 vaccine.**
 - **57% are comfortable discussing COVID-19 vaccines with patients.**
- **CDC web survey of healthcare providers (Sept-Oct 2020)**
 - **63% said they would get a COVID-19 vaccine.**

Sources:

1. American Nurses Foundation, Pulse on the Nation's Nurses COVID-19 Survey Series: COVID-19 Vaccine, October 2020.
<https://www.nursingworld.org/practice-policy/work-environment/health-safety/disaster-preparedness/coronavirus/what-you-need-to-know/covid-19-vaccine-survey>
2. Lindley, et al. CDC COVID-19 Response Team. Report in progress.

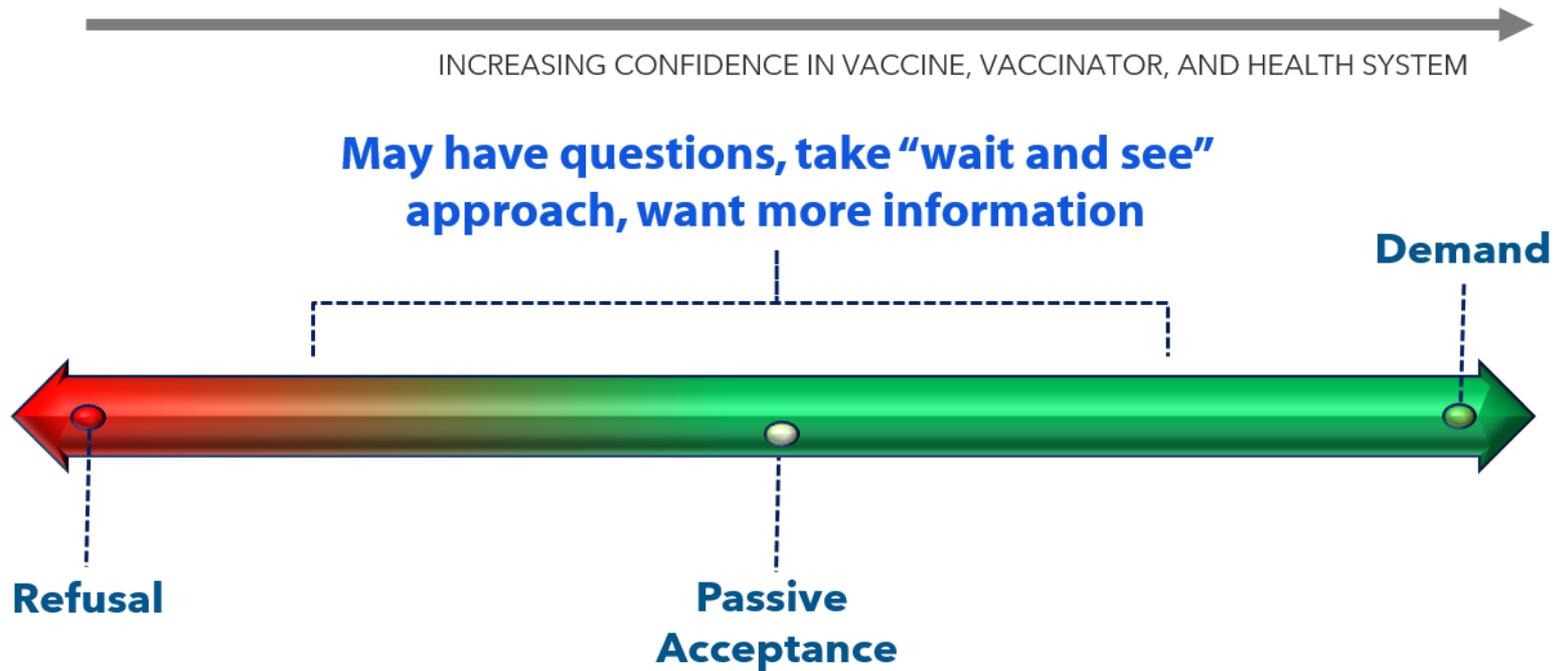


Defining vaccine confidence

- ***Vaccine confidence* is the trust that patients, parents, or providers have in:**
 - recommended vaccines;
 - providers who administer vaccines; and
 - processes and policies that lead to vaccine development, licensure, manufacturing, and recommendations for use.



Willingness to accept a vaccine falls on a continuum





Vaccinate with **Confidence**

A National Strategy to Reinforce Confidence in COVID-19 vaccines

Build Trust

Objective: Share clear, complete, and accurate messages about COVID-19 vaccines and take visible actions to build trust in the vaccine, the vaccinator, and the system in coordination with federal, state, and local agencies and partners.

Empower Healthcare Personnel

Objective: Promote confidence among healthcare personnel in their decision to get vaccinated and to recommend vaccination to their patients.

Engage Communities & Individuals

Objective: Engage communities in a sustainable, equitable, and inclusive way—using two-way communication to listen, build trust, and increase collaboration.





Vaccinate with **Confidence**

A component of the National Strategy to Reinforce Confidence in COVID-19 vaccines

Empower Healthcare Personnel

Objective: Promote confidence among healthcare personnel in their decision to get vaccinated and to recommend vaccination to their patients.

- Tactics**
- ✓ Engage local and national professional associations, health systems, and healthcare personnel often and early to ensure a clear understanding of the vaccine development and approval process, new vaccine technologies, and the benefits of vaccination.
 - ✓ Ensure healthcare systems and medical practices are equipped to create a culture that builds confidence in COVID-19 vaccination.
 - ✓ Strengthen the capacity of healthcare professionals to have empathetic vaccine conversations, address myths and common questions, provide tailored vaccine information to patients, and use motivational interviewing techniques when needed.



Vaccine confidence starts with you!

- As part of the healthcare team, you will likely be in the first phase to receive a COVID-19 vaccine.
- Get a COVID-19 vaccine, when it is available to you.
- Share your experience and your personal reasons for getting vaccinated with your patients, family, and friends.
- Visibly show you received the vaccine, by wearing a sticker, button, or lanyard and sharing social media or other communication channels.



Know the elements of effective vaccine conversations

- Start from a place of empathy and understanding.
- Assume patients will want to be vaccinated but be prepared for questions.
- Give your strong recommendation.
- Address misinformation by sharing key facts.
- Listen to and respond to patient questions.
- Proactively explain side effects.

“I strongly recommend you get a COVID-19 vaccine once it is widely available...”

“...This shot is especially important for you because of your [job or underlying health condition].”



Talking with Patients about COVID-19 Vaccination

Prepare for COVID-19 vaccine conversations



Choose to get vaccinated



Start conversations early



Engage in effective conversations



Be prepared for questions



Know the elements of effective vaccine conversations

- Start from a place of empathy and understanding.
- Assume patients will want to be vaccinated but be prepared for questions.
- Give your strong recommendation.
- Address misinformation by sharing key facts.
- Listen to and respond to patient questions.
- Proactively explain side effects.

“I strongly recommend you get a COVID-19 vaccine once it is widely available...”

“...This shot is especially important for you because of your [job or underlying health condition].”



Address misinformation about COVID-19 vaccination by sharing key facts



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

COVID-19 vaccines can not give you COVID-19

People who have already gotten sick with COVID-19 may still benefit from getting vaccinated

Getting vaccinated can help prevent getting sick with COVID-19

COVID-19 vaccines will not cause you to test positive on COVID-19 **viral**

tests*

*<https://www.cdc.gov/coronavirus/2019-ncov/hcp/testing-overview.html>

Answering Common Patient Questions about COVID-19 Vaccination

Q: How do we know if COVID-19 vaccines are safe?

■ Explain:

- FDA carefully reviews all safety data from clinical trials.
- FDA authorizes emergency vaccine use only when the expected benefits outweigh potential risks.
- ACIP reviews safety data before recommending any vaccine for use.
- FDA and CDC will continue to monitor the safety of COVID-19 vaccines to make sure even very rare side effects are identified.

“COVID-19 vaccines were tested in large clinical trials to make sure they meet safety standards. Many people were recruited to participate in these trials to see how the vaccines offer protection to people of different ages, races, and ethnicities, as well as those with different medical conditions.”



Q: Is it safe to get a COVID-19 vaccine if I have allergies?

- Ask what kind of allergies they are concerned about.
- Explain that people should not get vaccinated if they are allergic to any ingredient in COVID-19 vaccines.
- Explain that people with other types of allergies may still be vaccinated, and that you can help determine if it is safe for them.

If you have ever had a severe allergic reaction to any ingredient in a COVID-19 vaccine, you should not get that the vaccine. If you have had an immediate allergic reaction of any severity to other vaccines or injectable therapies, I will help you decide if it is safe for you to get vaccinated. You may still get vaccinated if you have severe allergies to oral medications, food, pets, insect stings, latex, or environmental irritants like pollen or dust.



Q: Is it safe to get a COVID-19 vaccine if I am pregnant or breastfeeding?

- Explain that there is limited data about the safety of COVID-19 vaccines during pregnancy and breastfeeding, but that experts do not believe it poses a risk.
- Clarify that patients may choose to get vaccinated if they are part of a recommended group.
- Emphasize that vaccination is a personal decision and offer to discuss it in more depth.

There is limited information about the safety of COVID-19 vaccines during pregnancy. However, based on what we know about how these vaccines work, experts believe they are unlikely to pose a risk for pregnant patients. You may choose to get vaccinated if you are part of a group that is recommended for COVID-19 vaccine. We can talk through this decision together.



Q: Is it better to get natural immunity rather than immunity from vaccines?

- Explain the potential serious risk COVID-19 poses to them and their loved ones if they get the illness or spread it to others, adding that the disease can be serious even if they are not in a high-risk group.
- Explain that scientists are still learning more about the virus that causes COVID-19. It is not known whether getting COVID-19 disease will protect everyone against getting it again or, if it does, how long that protection might last.

“Both this disease and the vaccine are new. We don’t know how long protection lasts for those who get infected or those who are vaccinated. What we do know is that COVID-19 has caused very serious illness and death for a lot of people. If you get COVID-19, you also risk giving it to loved ones who may get sick. Getting a COVID-19 vaccine is a safer choice.”



Wrapping up the conversation

- Encourage patients to take at least one action. For example:
 - Schedule the second-dose appointment (if they got vaccinated that day).
 - Read additional information you provide them (if they declined vaccination).
- If they decline, continue to remind them about COVID-19 vaccine during future routine visits.
- Wrap up the conversation by letting your patient know that you are open to continuing the discussion and answering any additional questions they may have.



Proactively explain side effects

- **Extremely important because:**
 - **New COVID-19 vaccines are reactogenic. They are likely to cause side effects, especially after the 2nd dose.**
 - **Patients may confuse these side effects with COVID-19 or flu symptoms.**
 - **Patients may worry that the vaccine gave them COVID-19.**
- **Things to emphasize:**
 - **Side effects indicate a good immune response.**
 - **Side effects are generally short-lived.**
 - **It is important to return for second dose, even if the first dose has unpleasant side effects.**



Know where to go for the latest information about COVID-19 vaccines

- **CDC and FDA websites:**
 - www.cdc.gov/covid-19/vaccines
 - www.fda.gov/emergency-preparedness-and-response/coronavirus-disease-2019-covid-19/covid-19-vaccines
- **Your professional association**
- **Your state or local health department**
- **Your facility's immunization coordinator**



Provider resources for COVID-19 vaccine conversations with patients

- **Preparing to Provide COVID-19 Vaccines**
- **Talking to Patients about COVID-19 Vaccines**
- **Understanding and Explaining mRNA COVID-19 Vaccines**
- **Making a Strong Recommendation for COVID-19 Vaccination**
- **Answering Patients' Questions**
- **More tools** www.cdc.gov/vaccines/hcp/covid-conversations



COVID-19 vaccine clinical training resources

- ***COVID-19 Vaccine Training: General Overview of Immunization Best Practices for Healthcare Professionals***
- **Webinars about ACIP recommendations and vaccine products**
- **Clinical forms, trackers, and FAQs**
- **Educational materials about each authorized vaccine:**
 - Online training module
 - Vaccine preparation and administration summary
 - Storage and handling summary
 - Temperature log for freezer units
 - Beyond use date tracker labels for refrigerator storage
 - Standing orders template

<https://www.cdc.gov/vaccines/covid-19/vaccination-resources.html>





