

## TALKING POINTS TO BUILD

# COVID-19

## VACCINE CONFIDENCE

### FOR STAFF EDUCATION



#### BARRIER

#### STRATEGY

COVID-19 “isn’t a problem” or “isn’t that bad anymore”

While deaths and hospitalizations have improved compared to the peak years of the pandemic, [COVID-19 is still the leading cause of death from respiratory viruses in the U.S.](#) The vaccine continues to be our best tool in preventing these deaths.

Concern about vaccine effectiveness/frequently mutating strains

COVID-19 vaccine efficacy varies from season to season similar to the flu shot. It remains the most effective strategy to reduce hospitalizations and death. The 2024-2025 COVID-19 vaccine was developed to target JN.1 and KP.2 strains that were predominant this past spring and summer. While the virus will mutate, it is expected that vaccines will continue to [offer cross-protection for other circulating strains](#) as seen in previous years.

The resident/staff already had COVID-19 this fall so they don’t “need the vaccine”

There are multiple strains of COVID-19 circulating. Getting vaccinated can help prevent an infection from another circulating strain. Additionally, natural immunity after infection is not as robust for people over the age of 65. [One study discovered that 47% of adults over 65 were protected against reinfection compared to 80% of younger adults.](#) Reinfections are not always mild and [may increase the risk of developing Long COVID.](#)

Frustration over guideline changes and definition of up-to-date

The current recommendation/definition for [most adults](#) is that everyone should get one dose of the 2024-2025 COVID-19 vaccine. High-risk and [immunocompromised people](#) may get additional doses based on provider assessment and previous vaccination status.

“I’m over boosters”/vaccine fatigue

The updated 2024-2025 COVID-19 vaccine was not designed to “boost” previous doses. It was updated to match circulating strains, similar to how the flu shot is developed and changed each year to try to match the primary strains circulating that season.

Concern over mRNA vaccine/mechanism

[The idea that mRNA may affect human DNA has been disproven](#), however, if resistant to education, there is an alternative option with Novavax. Novavax is a protein-based vaccine, manufactured like many other vaccines on the market (Tdap, Shingrix, Fluad (influenza) and more).

#### IMPORTANT REASONS TO PROMOTE 2024-2025 COVID-19 VACCINATION:

Herd Immunity, viral shedding and COVID-19, and preventing Long COVID

High vaccine uptake (90%+) is needed for herd immunity. Herd immunity occurs when a significant portion of a population becomes immune to a disease, either through vaccination or prior infection. Achieving herd immunity is crucial in protecting vulnerable individuals who cannot be vaccinated due to medical reasons or age. [Vaccination is one of the most effective ways to achieve herd immunity.](#)

[Viral shedding](#) is when a person releases copies of a virus from their bodies. For example, patients with COVID-19 shed the virus for about 14 days, starting 2 to 3 days before they start to have symptoms. If someone is immunocompromised, they might shed the virus for a longer period of time because their immune system has trouble stopping viral replication. Wearing masks, social distancing, and getting vaccinated are the best ways to prevent transmission and the prevention of outbreaks.

Long COVID is common: 29.8% of adults who have had COVID-19 report having experienced Long COVID. Of those currently living with Long COVID, 79.4% experience activity limitations. Long COVID in adults can occur at any age but is most common in ages 40-60. Research suggests that those who are vaccinated prior to getting COVID-19 are less likely to experience Long COVID compared to people who are unvaccinated.