TALKING POINTS ON COVID-19 VACCINE HESITANCY

FOR STAFF EDUCATION

Telligen QI Connect™

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 2023-2024 COVID-19 vaccine was developed to target XBB strains that were prominent early in 2023. While the virus has mutated since then studies have indicated that the vaccine offers cross-protection for many of the circulating strains.
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 1 dose of the 2023-2024 COVID-19 vaccine. Those 65+ that have received 1 dose of the 2023-2024 COVID-19 vaccine more than 4 months ago should get an additional booster dose of 2023-2024 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 2023-2024 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 2023-2024 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.

This material was prepared by Telligen, a Quality Innovation Network-Quality Improvement Organization, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services (HHS). Views expressed in this material do not necessarily reflect the official views or policy of CMS or HHS, and any reference to a specific product or entity herein does not constitute endorsement of that product or entity by CMS or HHS. This material is for informational purposes only and does not constitute medical advice; it is not intended to be a substitute for professional medical advice, diagnosis or treatment. 12SOW-QIN-02/01/24-5213

QIN–QIO
Quality Innovation Network - Quality Improvement Organizations
CENTERS FOR MEDICARE & MEDICAID SERVICES
iQUALITY IMPROVEMENT & INNOVATION GROUP