Vaccine Confidence – A Guide for Critical Conversations about COVID-19 Immunizations

This guide is intended to provide information to assist you with critical conversations with family, friends, patients and the general public about COVID-19 vaccinations. We are in an important cultural development time in our society as perceptions about the vaccines for COVID-19 are being formed. You can make a difference in being sure that people understand the evidence around the vaccines and develop positive associations with vaccination to combat the COVID-19 virus.

General points to remember when having a conversation about immunizations:

1. Studies show that the most important thing you can do is to share your personal experience with the vaccine.
2. Ask questions about why someone may be hesitant. This is a less judgmental way to identify the source of their beliefs and to get them to acknowledge the potential missteps in their thinking.
3. Tailor your message to the person you are speaking with and remind them that the vaccine isn’t only for their protection, but also to protect their loved ones.
4. Don’t focus too much on feeding people data. To the general public, data alone may even be detrimental to our goal of immunizing. Again, focus on stories!
5. If you’d like to read more about the application of social science to vaccine acceptance, read [here](#).

Claim:
“The vaccines have happened too fast! I don’t want to be a guinea pig.”

Talking Points:
- You’re right, it is very new! Thankfully, the research the vaccine is based on is not new, even if this is a new application of it. And even an emergency approval by the FDA requires considerable proof that it will be effective with minimal side effects.
- I can understand that! It can feel a bit risky to be one of the first. At the same time the more people who get their vaccine quickly, the more people who will be protected from ever having to experience COVID or the long-term complications of the illness.

Evidence:
- mRNA technology has been studied for over a decade. Much of the science was in existence when COVID-19 presented; this technology provided an opportunity to advance this science with a much-needed novel vaccine to battle the virus.
- mRNA vaccines are faster and easier to produce and manufacture than traditional vaccines.
- The FDA and CDC prioritized review, authorization, and recommendations above all other work in order to review the evidence more quickly than is typical. The process for approval for Emergency Use was exactly the same as it is for any other agent; which means it requires a high level of scientific evaluation and reporting of outcomes on safety and efficacy.
Claim:  
“I’ve heard about all sorts of allergic reactions and side effects – people being really sick and getting Bell’s Palsy!”

Talking Points:
- As with any vaccine or medication, allergic reactions are a possibility--no doubt about that. The news has unfortunately been covering every allergic reaction to the vaccine despite it being very, very rare.
- The number of people who developed Bell’s Palsy in the clinical trials is the same as we see in the general population, so we do not see more people developing this condition who have received the vaccine. We also closely monitor everyone for a short time after vaccination just in case to ensure that any reaction is immediately addressed with medical care.

Evidence:
- “Cases of Bell’s palsy were reported in participants in the mRNA COVID-19 vaccine clinical trials. However, the Food and Drug Administration (FDA) does not consider these to be above the rate expected in the general population. They have not concluded these cases were caused by vaccination. Therefore, persons who have previously had Bell’s Palsy may receive an mRNA COVID-19 vaccine.”
  
More from the CDC

Claim:
“The vaccine can make you infertile.” OR “I am worried; should I get the vaccine while I’m pregnant or breastfeeding?”

Talking Points on infertility:
- I hear what you are saying and this can make a significant impact on your world. This concern was brought up by a single researcher based on theory, not science back in December 2020. The vaccine does not have any impact on infertility.

Evidence on infertility:
- “In early December, a German doctor and epidemiologist named Wolfgang Wodarg, who has been skeptical about the need for vaccines in other pandemics, teamed up with a former Pfizer employee to ask the European Medicines Agency (the European Union counterpart to the FDA) to delay the study and approval of the Pfizer/BioNTech vaccine.
  - One of their concerns was a protein called syncytin-1, which shares similar genetic instructions with part of the spike of the new coronavirus. That same protein is an important component of the placenta in mammals. If the vaccine causes the body to make antibodies against syncytin-1, they argued, it might also cause the body to attack and reject the protein in the human placenta, making women infertile. “The biological basis for this idea is really shaky”, Foster says.
  - The coronavirus’s spike protein and syncytin-1 share small stretches of the same genetic code, but not enough to make them a match. She says it would be like two people having phone numbers that both contain the number 7. “You couldn’t dial one number to reach the other person, even though their phone numbers shared a digit. What we know is that they are similar on such a tiny level,” Foster says. (Jill Foster, MD, a pediatric infectious disease specialist at the University of Minnesota in Minneapolis who has been studying vaccine hesitancy.)

More

Talking points on getting the vaccine while pregnant or breastfeeding:
- Pregnant and breastfeeding patients are currently getting vaccinated, so data is being collected and reported as soon as it becomes available.
- No concerns or side effects have yet been reported for pregnant or breastfeeding women.
- If you have indeed already vaccinated a pregnant or breastfeeding woman, this would be good to share. It would also be good to share if you know of a pregnant person who has already received the vaccine. Check the most updated data from the CDC/ACOG.
Claim: “I don’t want the vaccine to alter my DNA. Who knows what might happen?”

Talking points:
- The mRNA from a COVID-19 vaccine never enters the nucleus of the cell, which is where our DNA is kept. This means the mRNA cannot affect or interact with our DNA in any way. Instead, COVID-19 mRNA vaccines work with the body’s natural defenses to safely develop immunity to disease.
- Think about mRNA like Snapchat or an email that sends an image of what COVID-19 looks like to your immune system. After your immune system sees the image, your cells build the immune response. Then, the snap disappears or email is deleted and the cells have only the memory of the original image. That snap or email is not archived or kept around in your body.

Evidence:
- “Messenger RNA vaccines—also called mRNA vaccines—are the first COVID-19 vaccines authorized for use in the United States. mRNA vaccines teach our cells how to make a protein that triggers an immune response. The mRNA from a COVID-19 vaccine never enters the nucleus of the cell, which is where our DNA is kept. This means the mRNA cannot affect or interact with our DNA in any way. Instead, COVID-19 mRNA vaccines work with the body’s natural defenses to safely develop immunity to disease.” More from the CDC

Claim: “All the trials were only done on white people. How do I know how this will impact me?”

Talking points:
- I hear you! That is often the case for clinical trials and it's unfortunate. Even though some medications can have somewhat different outcomes for people of various races, we're very confident that this vaccine creates immunity regardless of race.

Evidence:
- The Pfizer and Moderna vaccine trials consisted of lower percentages of minority representation than the general population. For example, the U.S. population consists of 12.3% black people, but the trials only consisted of 9.8% and 9.7% black people, respectively. People of color are often underrepresented in clinical trials because trials are less often offered at under-resourced healthcare systems where people of color are more likely to receive care. In an effort to increase racial diversity in clinical trials, the FDA is engaged in a variety of efforts to make the system more equitable. More

Claim: “We all know what happened with Tuskegee... Do you just want me to be your test subject?”

Talking points:
- The history of medical racism is unfortunately very real. We are far from perfect even now. At the same time, we have made significant progress in challenging medical racism.
- With the terrible experiments at Tuskegee the researchers unethically withheld life-saving medication. There's no excuse for that.
- For the COVID pandemic, we're trying to do the opposite: make sure everyone can get vaccinated, especially those who might be the most vulnerable to catching COVID in the first place.

Evidence:
• Historic and ongoing racism and discrimination contribute to underrepresentation of people of color in clinical trials.

Claim: “The Janssen vaccine was made from aborted fetuses; getting this vaccine is against my religion.”

Talking points:
• Many vaccines we commonly use were developed from the same cell line used to develop the Janssen vaccine, such as rubella, which is given to children in the MMR vaccine. None of the vaccines, hepatitis A, rubella (MMR), or the COVID-19 vaccine contain ANY fetal cells.
• I understand your concern; have you read what the Catholic Church has said regarding this issue or talked with your religious leader? The Catholic Church has officially stated that receiving a vaccine from these lines is morally acceptable and considered charitable to your community by protecting others.
• If you feel uncomfortable or that this goes against your beliefs and values, neither the Pfizer or MODERNA vaccines have been produced involving any fetal cell lines.

Evidence:
• Historical fetal cell lines were derived in the 1960’s and 1970’s from two elective abortions that have been used to create vaccines for diseases such as hepatitis A, rubella, and rabies. Abortions from which fetal cells were obtained were elective and were not done for the purpose of vaccine development. The fetal cell lines being used to produce some of the potential COVID-19 vaccines are from two sources: ● HEK-293: A kidney cell line that was isolated from a fetus in 1973 (undisclosed origin, from either a spontaneous miscarriage or an elective abortion) ● PER.C6: A retinal cell line that was isolated from an aborted fetus in 1985 Any vaccine that relies on these historic cell lines will not require nor solicit new abortions. The vaccines themselves do not contain any aborted fetal cells.
• The Catholic Church and the Southern Baptist Ethics & Religious Liberty Commission have both stated that receiving a COVID-19 vaccine that required fetal cell lines for production or manufacture is morally acceptable.

RESOURCES:

Information about the vaccines to answer additional questions not addressed above:
• https://www.cdc.gov/coronavirus/2019-ncov/vaccines/recommendations/specific-groups.html (easy to read, quick access)
• https://wexnermedical.osu.edu/features/coronavirus/patient-care/covid-19-vaccine/covid-19-vaccine-faq (OSUWMC information on the vaccine)

Information on accessing and scheduling vaccine appointments:
• https://vaccine.coronavirus.ohio.gov/