

Myth Busting: Addressing Vaccine Hesitancy

Resources for Clinicians

Health care administrators, clinicians and others have reported that some patients, residents in Long Term Care (LTC) homes and even health care providers may be feeling hesitant about receiving the COVID-19 vaccine. We are not sure how common this hesitancy is, but experienced clinicians can play a large part in helping to reassure patients, residents and other health care providers, by explaining the science and facts about the COVID-19 vaccine.

We encourage you to have conversations with patient, residents, colleagues and others to dispel myths.

This resource includes responses to common myths, notes about vaccination in immunosuppressed older populations, ideas for having the conversation about vaccine hesitancy and several current clinical resources (be sure to check regularly for updates on any listed sites).

Common Myths

Myth #1: “Mortality from COVID is low – why should I be vaccinated?” and “Am I better to take my chances and get infected than to have the vaccination?”

COVID-19 symptoms can persist for months (fatigue, SOB, “brain fog” etc). There is evidence of end-organ changes even in young healthy patients with mild symptoms. These can include:

- Lasting changes to myocardial tissues
- Long-lasting/permanent damage to alveoli (air sacs) in lungs and scar tissue
- Damage to blood vessels in brain, stroke, seizure, Guillan-Barre syndrome

Protect yourself so that you don’t infect those more vulnerable.

Myth #2: “The COVID-19 vaccine will give me the disease.”

The COVID-19 mRNA vaccines (e.g., Pfizer and Moderna vaccines) do not use the live, weakened, or inactivated virus that causes COVID-19. They use a small piece of messenger RNA (mRNA) to 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.

Myth #3: “The COVID-19 vaccine will change my DNA.”

The messenger RNA (mRNA) in COVID-19 vaccines does 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. If the cells divide, they will only include your natural DNA. The cell breaks down and gets rid of the mRNA soon after it is finished using the instructions to make a protein.

Myth #4: “The risk of getting side-effects from the vaccination is intolerably high.”

The vaccinations have been extensively tested, and an estimated 4 million or more doses has been administered world-wide. Most of the side-effects are related to developing an immune response (a good thing!). The most serious reported side effect is anaphylaxis, which is still extremely rare and recipients are monitored after the vaccination with treatment readily available. There were a few

instances of Bell's Palsy but the number of cases was "consistent with the expected background rate in the general population" and not thought to be related to the vaccine.

Myth #5: "The vaccinations were fast-tracked and are not well tested."

All the usual steps for a new drug to be approved were taken. Health Canada and other regulators examined data while the trials were underway and prioritized the review of COVID trials over other studies. **Several** steps were done in parallel where it would not compromise safety. The trials were very large and close monitoring continues even after the trials are completed.

Notes about Vaccination in Immunosuppressed Older Populations

Older adults, especially in congregate care settings, are high risk for complications from COVID-19 including death. In many individuals with autoimmune disease, or who are immunosuppressed, a risk assessment would strongly support being vaccinated with an mRNA COVID-19 vaccine, and attention should be given to having these conversations with individuals and administering vaccine when appropriate.

Background:

- The National Advisory Committee on Immunizations (NACI) does not currently recommend the routine administration of mRNA COVID-19 vaccines to individuals with autoimmune disease and/or immunosuppressive conditions.
- There is insufficient data around safety in immunocompromised and autoimmune patient populations, but no specific safety concerns have been identified to date.
- NACI has a discretionary recommendation that if a "risk assessment deems that the benefits outweigh the potential risks for the individual, and if informed consent includes discussion about the insufficiency of evidence on the use of COVID-19 vaccine in these populations".
- Older adults that live in congregate care settings are at substantially increased risk of morbidity or mortality from COVID-19.
 - 15% of long-term care residents in Ontario have been infected with COVID-19 (cumulative) compared with 1% in the overall Ontario population
 - 4% of residents have died from COVID-19, compared 0.03% of all Ontario residents

Having the Conversation About Vaccine Hesitancy

Vaccine uptake among staff may be low in some regions and sectors (e.g. LTC). Staff members need reliable information and support. You, as an expert clinician working with staff, can make a BIG difference, as you are familiar and trusted and can actively listen and can answer questions in a way that is calm and clear.

What Can You Do?

Please take time out of your schedule to do these 6 simple steps:

- 1. Encourage conversations** **Initiate formal or informal conversations in your home.**
 - Be open to hear people's fears and be prepared to address them, including some myth-busting (see above)
 - Reassure staff and residents in the science, safety, and facts about the COVID-19 vaccine (see a presentation about this at <https://www.youtube.com/watch?v=dxhXc3AphuA>)
- 2. Be proactive** **Lead presentations, participate in town halls, write letters to staff.**
 - Staff sometimes have little time to make a decision to get vaccinated. Answering questions, building confidence, and making a plan (e.g., how to travel to the vaccine clinic) in advance can have a big impact
 - Educational PowerPoint Presentation: Feel free to use the presentation posted [here](#) as a template for your discussions with staff
 - Letter to staff: [Here is an example of a letter to staff](#) from a Medical Director in one region, Dr. Sohail Gandhi
- 3. Visually display your support** **Use role modelling as a powerful support to encourage vaccination.**
 - Post a picture of yourself and other clinical leaders being vaccinated
 - Use this poster and other visuals to encourage staff to have conversations about the vaccine
- 4. Engage unofficial leaders in home** **Leverage those in the workplace that have strong relationships with other staff to share key messages.**
- 5. Share materials that speak to staff questions and concerns** **Simple FAQ or Fact Sheet documents can be a great source of information at a time of much change regarding the vaccine strategy.**
 - It is important to look to your local Public Health Unit for the latest information.
 - If possible, use materials that are culturally sensitive and language appropriate for the setting
- 6. Track the difference you are making** **Keep track of vaccination efforts**
 - We encourage you to keep track of how many staff are getting the vaccine now and then after any targeted efforts, to see if there is a change. Celebrate your successes as a team!

Clinical Resources

Vaccine Roll-Out in LTCHs – How to Get on the List

LTC homes have received a memo from the hospital they are linked to (through their local Public Health Unit) to provide them with a list of staff who are providing direct patient care. This list will be reviewed by the hospital based on an ethical prioritization framework¹ to determine who will get the vaccine in the coming weeks.

Call to Action: Be sure your LTCH has sent in name and contact information to get on the list

Vaccine Information Sessions

- **National Advisory Committee on Immunization (NACI) webinars:**
[Recommendations of NACI on the use of the Moderna COVID-19 vaccine](#)
- **OCFP** is hosting a webinar on COVID-19 vaccines with Noah Ivers as a guest – Jan 8th. Register here: <https://dfcm.utoronto.ca/covid-19-community-practice>
- **Mississauga Halton Primary Care Network** is hosting a webinar on Vaccine Hesitancy Tue Jan 26, 8-9:30PM. Register here: <https://www.eventbrite.ca/e/why-hesitate-lets-vaccinate-tickets-133477403507>
- **CDC Online Information about the Moderna Vaccine**
<https://www2.cdc.gov/vaccines/ed/covid19/moderna/10000.asp>

Other helpful resources on COVID-19 vaccines:

Centre for Effective Practice Resources:

- **Web Resources from CEP: Primary Care Operations in the COVID-19 Context**
<https://tools.cep.health/tool/pc-ops-covid-19-context/>

Government of Ontario Vaccination Program:

[COVID-19 Vaccines for Ontario](#); [Getting a COVID-19 Vaccine in Ontario](#)

Government of Canada Vaccine Resources:

- **Infographic: Summary of the preliminary key populations for early COVID-19 immunization (PDF attached)**
<https://t.co/DcE3VyRdHu?amp=1>
- **Handout: What you need to know about the COVID-19 vaccine for Canada**
<https://www.canada.ca/content/dam/phac-aspc/documents/services/publications/diseases-conditions/what-you-need-to-know-covid-19-vaccine/what-you-need-to-know-covid-19-vaccine-eng.pdf>

Ottawa Public Health Video:

- **Video for LTC Staff on the COVID-19 Vaccine and the Benefits of Getting It:**
<https://youtu.be/9FFJCbC0Iaw>

Online COVID-19 Vaccine Resource Portal for Health Care Workers:

- Supported by Noah Ivers (UofT) and Alberta Health Services

¹ <https://news.ontario.ca/en/release/59850/ontario-releases-ethical-framework-for-covid-19-vaccine-distribution>

<https://www.19tozero.ca/healthcare-workers>

Additional Resources to Assist with Myth-Busting:

- CBC News article discussing myth #2 and other common questions about the vaccines: <https://www.cbc.ca/news/health/covid-19-vaccine-clinical-trial-questions-answers-1.5838512>
- CDC article providing an overview of mRNA vaccines: <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/different-vaccines/mrna.html>
- Excellent article by Jonathan Corum and Carl Zimmer in the NYTimes that explains the molecular biology of the Moderna vaccine: <https://www.nytimes.com/interactive/2020/health/moderna-covid-19-vaccine.html>
- Reuters article that talks about myth #2 and a video that might have started the claim (there are other videos reported on social media making similar false claims): <https://uk.reuters.com/article/uk-factcheck-covid-19-vaccine-modify/false-claim-a-covid-19-vaccine-will-genetically-modify-humans-idUSKBN22U2BZ>
- Be aware that there are also other myths circulating in the general public. These statements are **untrue** “The COVID-19 vaccine caused death” “COVID-19 vaccine was not delivered – use of fake needle”. We have encountered these mainly in the U.S. media. You can read more here: https://www.washingtonpost.com/health/not-real-news-a-look-at-what-didnt-happen-this-week/2020/12/18/9f2845cc-4161-11eb-b58b-1623f6267960_story.html

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