# Special and Vulnerable Populations COVID-19 Forum

July 22, 2022

#### Zoom Etiquette

- All participants muted upon entry, please raise hand if you would like to unmute
- Cameras on (if possible)
- Use the chat box to introduce yourself or ask/answer questions



# National Training and Technical Assistance Partners (NTTAPs)

























#### Today's Facilitators



Bob Burns, MPA
Director,
National Center for Health
in Public Housing



Jillian Hopewell, MPA, MA
Chief Program Officer, Education
and Communication,
Migrant Clinicians Network

#### Today's Agenda

- Welcome and Introductions
- COVID-19 Resource Updates
- BPHC Update: Sue Lin & Ted Hufstader
  - HRSA COVID Direct Allocation Supply Programs
  - Resources
  - Therapeutics and Equity
  - Q&A/Discussion
- Guest Speaker: Richard Quartarone, CDC
  - Youth Vaccines, Subvariant BA.4 and BA.5
  - Vaccine Confidence, Strategies, Messaging
- Resources
- Q&A/Discussion
- Conclusion and Evaluation

#### Special and Vulnerable Populations COVID-19 Forum

HRSA Updates and special topics based on status of COVID-19 & Health Center challenges

Session 1: September 24, 2021 - Introductions

Session 2: November 19, 2021 - Vaccine Confidence Strategy

Session 3: January 28, 2022 - Workforce Wellness and Resilience

Session 4: March 25, 2022 - Impact of COVID-19 on Patient Mental and Behavioral Health

Session 5: May 20, 2022 - Breakout Discussions on Forum Topics

Session 6: July 22, 2022- Therapeutics and Equity; COVID-19 Subvariants; Childhood vaccination

Session 7: September 23, 2022

Session 8: November 18, 2022

#### HRSA COVID-19 FAQs

#### COVID-19 Frequently Asked Questions (FAQs)

If the answer to your question is not located here or in the <u>Coronavirus-Related Funding FAQs</u>, please submit it through <u>Health Center Program Support online</u> and select "Coronavirus Inquiries (COVID-19)" as the issue type, or call 877-464-4772, option 2, 7:00 a.m. to 8:00 p.m. ET, Monday-Friday (except federal holidays).

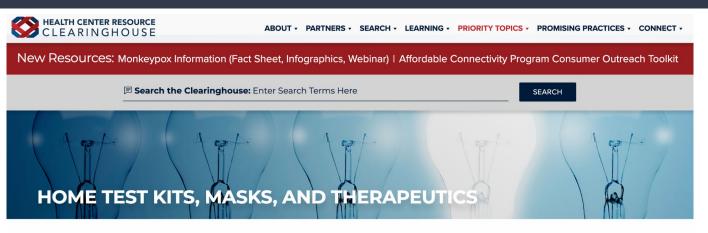
Access more COVID-19 Information for Health Centers and Partners.

Access FY 2020 Health Center Program Look-Alikes: Expanding Capacity for Coronavirus Testing (LAL ECT) Frequently Asked Questions.

Access resources for <u>UDS Novel Coronavirus Disease (COVID-19) Reporting</u>.

https://bphc.hrsa.gov/emergency-response/coronavirus-frequently-asked-questions?field faq category tid=306&combine=

#### Health Center Resource Clearinghouse: Materials section of Tests, Masks, and Therapeutics Page



This page aggregates the most recent federal information on home test kits and masks provided to health centers and provides a mechanism to submit resources, templates, and sample documents.

As part of the HRSA COVID-19 Testing Supply Program, HRSA-funded health centers, Health Center Program look-alikes, and Medicare-certified Rural Health Clinics are invited to order free, FDA-authorized COVID-19 at-home self-test kits for distribution at no cost to patients and communities, especially populations at greatest risk from adverse outcomes related to COVID-19.



COVID-19

COVID-19 Home Test Kits, Masks, and Therapeutics

Vaccine Distribution

**Submit a TTA Resource** 

https://www.healthcenterinfo.org/priority-topics/covid-19/home-test-kits-resources-and-call-for-materials/

#### Got Vaccinators?

Some health centers are facing challenges recruiting qualified individuals to support and expand their vaccination capacity.

If you have promising practices, sample recruitment tools or template documents, please consider sharing on the Health Center Resource Clearinghouse Vaccine Distribution page by completing this short <u>submit your resource</u> form.

#### BPHC Update

Sue Lin, PhD, MS Ted Hufstader, MPH

Office of Quality Improvement | Bureau of Primary Health Care









# Health Center COVID-19 Response Programs Update

July 22, 2022

**Health Center COVID-19 Response Team** 

Health Resources & Services Administration (HRSA), Bureau of Primary Health Care (BPHC)

Vision: Healthy Communities, Healthy People



# Health Center Program Public Health Emergency Response: Advancing Equity in COVID-19 Supply Distribution



Health Center COVID-19 Vaccine Program



Health Center COVID-19 Testing Program



Health Center COVID-19
Therapeutics Program



Health Center COVID-19 N95 Mask Program





#### **Program Ordering & Reporting Reminders**

#### **Vaccine Program Reminders:**

- Pediatric vaccine caps: 200 doses per site
  - Moderna 6-11 years (dark blue top/label with purple border)
  - Moderna 6 months-5 years (dark blue top/label with magenta border)
  - Pfizer 6 months-4 years (maroon cap)

#### **Testing Program Reminders:**

- At-Home Test Kits: No change
  - Quidel tests available
  - Roche tests available
- Point of Care Tests
  - Supply Cap: BD
     Veritor analyzers at lifetime maximum of 20.
  - No cap for test strip packages.
  - BD Veritor analyzers are drawing near depletion

#### **Reporting Reminders:**

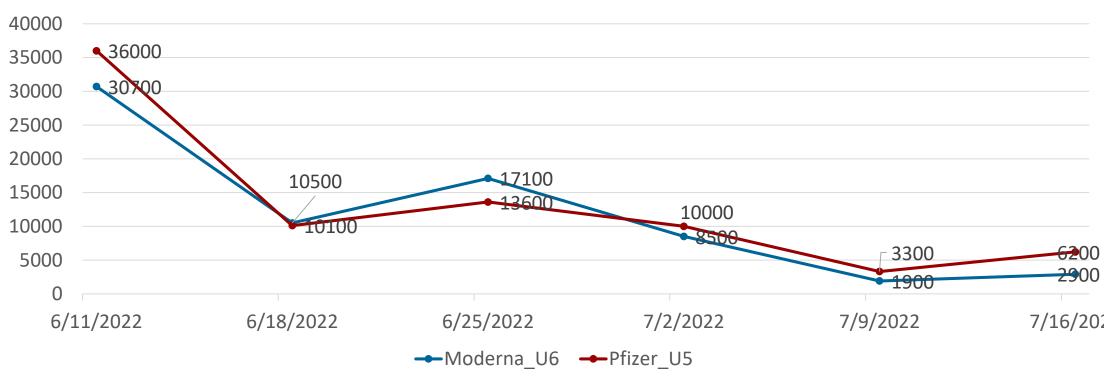
- Enter your stock on hand for vaccines, testing supplies, and therapeutics in Health Partner Order Portal (HPoP).
  - New: Report therapeutics inventory twice a week on Monday and Thursday by 11:59 p.m. local time.
- The <u>Health Center COVID-19</u>
   <u>Survey</u> opens Friday, July 29 and closes Tuesday, Aug 2
   at 11:59 p.m. local time.





#### Pediatric COVID-19 Vaccine Order Trends (June – July 2022)









#### **Therapeutics Program News**

#### CDC MMWR from June 24, 2022:

- Increased access points and total number of oral antiviral courses dispensed
- Dispensed rates in high vulnerability zip codes was still lower than in medium and low vulnerability zip codes

#### **Recent Test to Treat Events:**

- What Clinicians Need to Know About Available
   Therapeutic Options for COVID-19 | June 16 Recording
  - Clinician Outreach and Communication Activity Call
- White House/HRSA Test to Treat Webinar | June 2
   Recording
  - PDF | White House/HRSA Test to Treat Webinar

#### **Helpful Resources:**

- Paxlovid Patient Eligibility Screening Checklist Tool for Prescribers
- HHS Therapeutics Homepage
- Product Expiration Date Extensions
- Therapeutics Clinical Implementation Guide
- COVID-19 Therapeutics Decision Aid
- <u>Side-by-Side Overview of Therapeutics</u>
   <u>Authorized for Treatment of Mild-Moderate</u>
   <u>COVID-19</u>
- CDC/IDSA COVID-19 Clinician Calls





#### **Test to Treat Updates**

#### **Test to Treat Process**

#### **Step 1: Get tested early.**

- Connect with your primary care provider to learn more.
- You can also use the <u>Test to Treat locator</u> to find a site or call 1 (800) 232-0233.

Step 2: Get a prescription from their health care provider if they test positive and qualify for a COVID-19 antiviral treatment. In some cases, this could be a pharmacist.

Find the latest information about therapeutics – <u>COVID-19</u>
 <u>Treatments and Therapeutics</u>.

#### **Step 3: Get treated.**

Fill your prescription and begin treatment right away.

### **COVID-19 Therapeutics State-Level Example of Promising Practice:**

- Massachusetts telehealth for COVID-19 treatment with Paxlovid
  - Free telehealth consultations for eligible individuals 18 or older and insurance is not required.
  - 30 minutes video consultation with service in English, Spanish, Haitian Creole, and Portuguese.

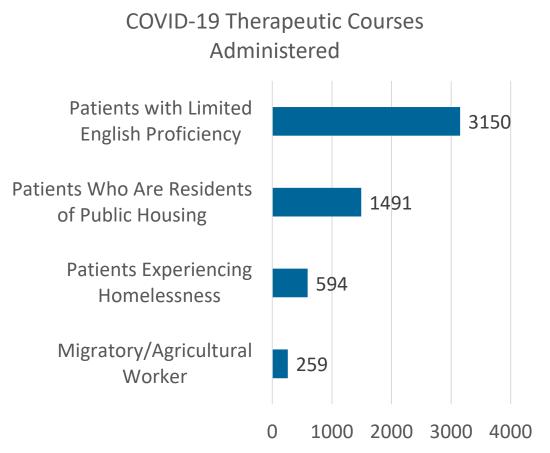
#### **Test to Treat Resources**

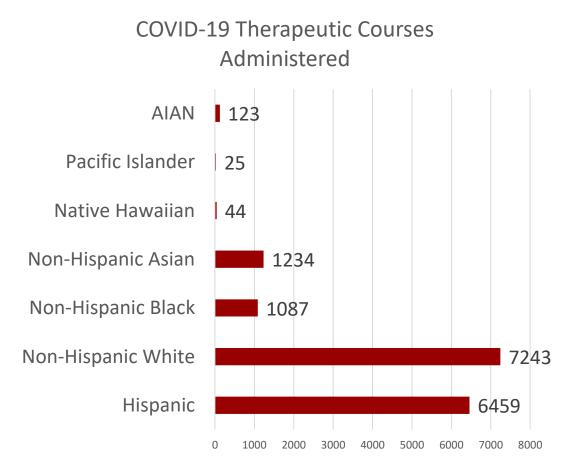
- <u>Don't Delay: Test Soon and Treat Early</u>
   (cdc.gov)
- Test to Treat Frequently Asked Questions



HRSA Health Center COVID-19 Therapeutics Program

#### **Health Center COVID-19 Survey**









#### **Facilitated Discussion Questions**

- Where you live and work, when people test positive for COVID-19 do they have access to treatment options like oral antiviral pills?
- If a health center were to make patient education materials around COVID-19 treatment, what should they include?
- For the communities you live in / work in / serve, is there anything else you think we should know to help increase access to and uptake of COVID-19 oral antivirals?





#### **Thank You!**

Sue Lin, PhD, MS

**Deputy Office Director, Office of Quality Improvement (OQI)** 

Ted Hufstader, MPH

Team Lead, OQI, Center for Health Center Innovation (CHCI)

Bureau of Primary Health Care (BPHC)

Health Resources and Services Administration (HRSA)



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www.bphc.hrsa.gov



Sign up for the *Primary Health Care Digest* 





#### Guest Speaker

**Richard Quartarone** 

Immunization Services
Division | National Center
for Immunization and
Respiratory Diseases,
Centers for Disease Control
and Prevention (CDC)



















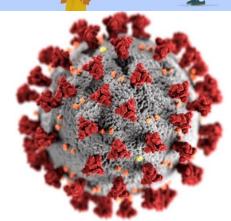
#### **COVID-19 Vaccine Update**

Presentation to Special and Vulnerable Populations COVID-19 Forum July 22, 2022

**Richard Quartarone** 

Immunization Services Division





#### Vaccine Confidence is Built on Trust

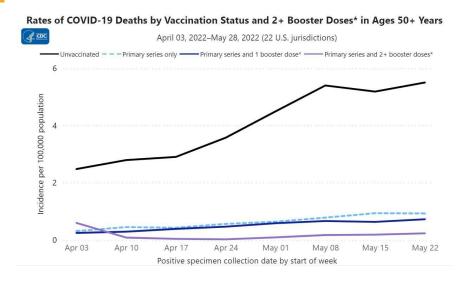
The **trust** that patients, their families, and providers have in:

- Recommended vaccines
- Providers who administer vaccines
- Processes and policies that lead to vaccine development, licensure or authorization, manufacturing, and recommendations for use





#### **Variants and Vaccines**



- Data suggest BA.4 and BA.5 lineages could be more transmissible than previous Omicron sublineages.
- Currently, no evidence currently available to suggest that BA.4 and BA.5 cause more severe disease than other variants or Omicron lineages.
- Continuing to assess the impact that BA.4 and BA.5 have on public health.

#### **Post-COVID Conditions/ Long COVID**

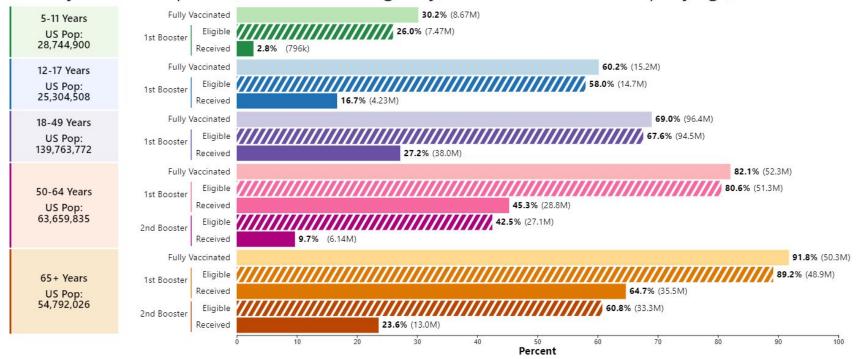
 Post-COVID conditions (PCC, or Long COVID) are a wide range of new, returning, or ongoing health problems people can experience four or more weeks after first being infected with the virus that causes COVID-19



https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-care/post-covid-science.html

#### **Vaccination Data**

Primary Series Completion, Booster Dose Eligibility, and Booster Dose Receipt by Age, United States



https://covid.cdc.gov/covid-data-tracker/#vaccinations vacc-people-onedose-pop-

#### Impact of COVID-19 on Children

#### **Direct**

- Children can get COVID-19 just like adults
- Children are at risk of severe illness from COVID-19:
  - Hospitalization
  - MIS-C
  - Death
- Children can experience short- and long-term post-COVID conditions
- Children can spread COVID-19 to others

#### **Indirect**

- Worsening of mental or emotional health
- Widening of existing education gaps
- Decrease in physical activity and increase in body mass index (BMI)
- Decrease in healthcare utilization
- Decrease in routine immunizations
- Increase in Adverse Childhood Experiences (ACEs)
- Loss of caregivers

#### **Message Frames to Guide Communication**

#### Impact of COVID-19 among children

Children can get sick, be hospitalized, and experience short- and long-term health complications

#### Address mis- and dis-information

- Vaccine safety concerns (fertility, altering of DNA, etc.)
- Benefits and protection obtained from vaccine-induced immunity vs. infection-acquired immunity

#### Benefits of vaccination

- > Health and social benefits
- Prevent severe illness
- Added protection after infection
- Benefits outweigh risks



#### COVID-19 can make some children very sick

Among nearly 400 **children ages 5–11 years**hospitalized with COVID-19 during the first few months of Omicron:\*





were unvaccinated



Protect all eligible children by keeping their vaccinations up to date



\* Doc 19, 2021 - Feb 28, 202

bit.ly/MMWR7116

**APRIL 19, 2022** 



#### **Resources for Partners and Vaccine Providers**

#### **CDC** resources

- COVID-19 Vaccination Clinical Resources
- Resources to Promote the COVID-19 Vaccine for Children & Teens
- Planning COVID-19 Vaccination for Children
- Equity in Childhood COVID-19 Vaccination

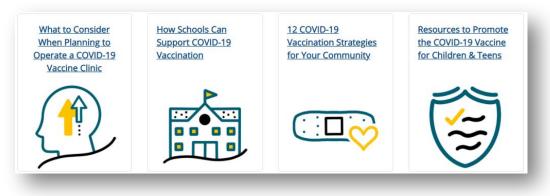
# MY MOM SAYS GETTING VACCINATED HELPS PROTECT ME FROM GETTING REALLY SICK.

Safe and effective COVID-19 vaccines are available for everyone

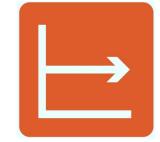
ages 6 months and older.

#### External resources

- Resources About COVID-19 Vaccinations for Children | WECANDOTHIS.HHS.GOV
- COVID-19 Vaccine Campaign Toolkit (aap.org)
- <u>Vaccines for Children | National Resource Center</u>
   for Refugees, Immigrants, and Migrants (NRC-RIM)



## Identified misinformation themes that may impact vaccine confidence



- Healthy children do not need to receive the COVID-19 vaccine.
- COVID-19 vaccines are ineffective for children.
- The COVID-19 vaccine is an experiment on children and is not needed because children can build "natural immunity" through virus exposure.
- Children vaccinated against COVID-19 are up to 52 times more likely to die following COVID-19 vaccination than unvaccinated children.
- COVID-19 vaccines will cause future fertility problems in children.

#### **Supporting Conversations with Parents and Caregivers**

- Quick Conversation Guide on COVID-19 Vaccines for Children
  - Provides examples of how to address common questions and misinformation parents and caregivers may have about the COVID-19 vaccine for children
- COVID-19 Vaccine Confidence
  - Sign up for <u>CDC's State of Vaccine Confidence Insight Reports</u>, which include analyses of misinformation and disinformation circulating via social media and messaging to address it
- Talking with Patients about COVID-19 Vaccination
  - Information on how providers can use motivational interviewing techniques to have conversations about vaccination, including <u>Interactive COVID-19 Vaccine Conversations Module for Healthcare Professionals</u>
- Pediatricians and Family Physicians Toolkit | WECANDOTHIS.HHS.GOV
- Conversation Guide: Pediatric Vaccinations (National Resource Center for Refugees, Immigrants, and Migrants)
- Online Course: Effective COVID-19 Vaccine Conversations (American Academy of Pediatrics)
- About mRNA COVID-19 Vaccines
  - To address additional questions, share this video from the American Academy of Pediatrics with parents and children on COVID-19 and kids: <u>How mRNA vaccines work.</u>

#### **Building and Sustaining Vaccine Confidence**

- Every conversation about vaccines impacts vaccine confidence in routine and COVID-19 vaccines
- Be prepared to recommend routine vaccines and support conversations about COVID-19 vaccines
  - Professional and personal settings





#### **Promoting Routine Childhood Vaccination**

#### **Let's Play Catch Up Communications Goal:**

• Encourage parents (specifically low-income families) to prioritize the need to catch their children up on routine childhood vaccinations

#### **Target Audiences:**

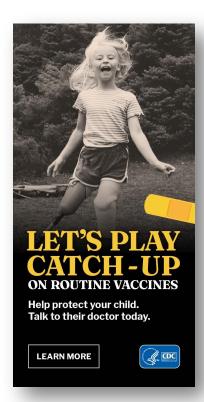
- Parents with children ages 0-6 (with an emphasis on ages 3-6) who have delayed doctor visits
  - Specific outreach will be tailored to African American parents

#### **Communication Approach:**

- Formative research to inform message and creative development
- Multi-media and multi-channel approach, both paid and earned
  - o Channels include news media, digital and social media, partner engagement

#### **Resources Available:**

- Website feature for parents: <a href="www.cdc.gov/vaccines/routine">www.cdc.gov/vaccines/routine</a>
- Resources to Encourage Routine Childhood Vaccinations
- Childhood Vaccination Communication Toolkit for Clinicians



#### **Building Trust is a Process, Not an End State**

It is our job to let communities know that it is *okay* and *valid* to have questions, especially *for those who have been negatively impacted by societal systems.* 

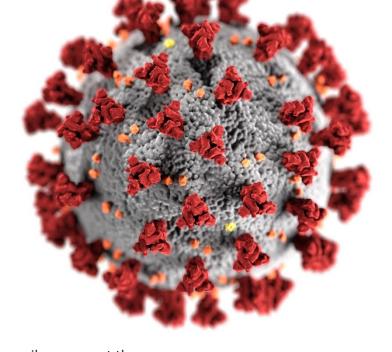




# Additional Information and Resources

### Questions: Richard Quartarone | iwd9@cdc.gov

For more information, contact CDC 1-800-CDC-INFO (232-4636) TTY: 1-888-232-6348 www.cdc.gov



The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.



#### **COVID-19 Vaccines for Children and Teens**

- Dosage is based on age on the day of vaccination, not on size or weight
  - Children receive a smaller dose that is the right amount for their age group
- Primary series vaccination for children and teens

| Child's Age            | Pfizer-BioNTech       | Moderna               |
|------------------------|-----------------------|-----------------------|
| 6 months – 4 years old | 3-dose primary series | 2-dose primary series |
| 5 – 17 years old       | 2-dose primary series | 2-dose primary series |

- Additional information on COVID-19 vaccines and dosage for children and teens:
  - Pfizer-BioNTech COVID-19 Vaccine Overview and Safety
  - Moderna COVID-19 Vaccine Overview and Safety
- Information on additional primary dose for children who have a weakened immune system: <u>COVID-19 Vaccines for People Who Are Moderately or Severely Immunocompromised</u>

## Resources for Schools & ECE Programs to Support Vaccination

- Considerations for Planning School-Located
   Vaccination Clinics
- How Schools and ECE Programs Can Support
   COVID-19 Vaccination
- Hosting Vaccination Clinics: Best Practices
   for School Districts and Early Care and
   Education (ECE) Programs
- Customizable Content for School and Childcare-Located Vaccination Clinics



### **Resources for Parents and Caregivers**

#### Resources available

- COVID-19 Vaccines for Children and Teens
  - COVID-19 Vaccination for Children with Disabilities
- 6 Things to Know About COVID-19 Vaccination for Children and Teens
  - short videos on key facts in development
- <u>Frequently Asked Questions about COVID-19 Vaccination in Children</u>
- <u>Printable fact sheets</u> coming soon and available in nine languages
  - Amharic, Arabic, Chinese, English, French, Korean, Portuguese, Spanish, Vietnamese



Children with service animals are allowed by law to have them accompany them at COVID-19 vaccination sites.

## **Strategies for Increasing Vaccine Access and Demand**

- Partner with your local health department, health system, or pharmacy to host vaccination clinics.
- Provide safe spaces for parents to ask questions about COVID-19 vaccines (e.g., town halls, parent meetings, one-on-one conversations).
- Recruit vaccine champions from your community to share testimonials with parents (e.g., doctors, nurses, teachers, sports coaches).
- Offer frequent and culturally appropriate communication about COVID-19 vaccines.



# Ladder to Building Demand

Make vaccines:



#### **Necessary**

(indispensable for accessing things they want to get back to doing)



(presented as a social default)



**Desirable** (appealing)



#### Convenient

(reduce out of pocket, social, and opportunity costs)



**Beneficial** (health benefits outweigh risk of getting COVID-19 or perceived or real side effects from vaccination)



Accessible (easy to get)

#### **How to Address COVID-19 Vaccine Misinformation**

**Understand Misinformation and Disinformation:** Both types can affect vaccine confidence and rates

#### Address Misinformation about COVID-19 Vaccines

- 1. Listen to and analyze misinformation circulating in your community.
- 2. Engage with and listen to your community.
- 3. Share accurate, clear, and easy-to-find information that addresses common questions.
- 4. Use trusted messengers to reach community members.

#### **Monitor Misinformation through Social Media Listening**

- 5. Identify your jurisdiction's existing information sources.
- 6. Create and maintain a social media influencer list.
- Create and maintain a rumor log.
- 8. Set up a social and traditional media monitoring system.
- 9. Analyze and develop insights.





## **COVID-19 State of Vaccine Confidence Insights Report**

- Quantitative/qualitative analysis of numerous data sources and media sources (ex: digital media, social media, CDC-Info)
- Themes created across data sources
- Coded
  - relative threat to vaccine uptake information spread
- Recommendations for action identified for each theme.

| <b>уре</b>   | <u>Input</u>  | Cadence   | Sources   | Tactics for Utilization  |  |
|--|---|---|---|--|--|
| Social Media<br>Listening<br>& Media<br>Monitoring | Communication Surveillance<br>Report                          | Daily on<br>weekdays  | • Google news • Meltwater • CrowdTangle • Native platform searches                          | Share of voice topic analysis to identify theme     Emerging topics  |  |
|  | Meltwater   | Paily - Facebook, Twitter, Instagram - Blogs - News media - Online forums |   | Share of voice topic analysis     Emerging theme topics     Identify high reach/velocity topics                  |  |
|  | OADC Channel Comment<br>Analysis                              | Daily on<br>weekdays  | Native platform searches  | Sentiment analysis     Identify message gaps/voids   |  |
| Direct<br>Reports                                  | CDC-INFO Metrics  | Weekly  | CDC-INFO inquiry line list     Prepared response (PR) usage report                          | *Cross-compare PR usage with inquiry theme analysis     *Sentiment analysis     *Identify information gaps/voids |  |
|  | VTF Media Requests  | Weekly  | • Media request line list   | • Leading indicator for news coverage<br>• Identify information gaps/voids                                       |  |
|  | Web Metrics   | Weekly  | • Top pages<br>• Google search queries<br>• Top FAQs<br>• Referring domains                 | * Identify information gaps/voids, * Identify keywords/search terms, changes in we traffic                       |  |
| Research   | Poll Review   | Weekly  | Harris Poll, PEW research, Gallup Poll,<br>KFF     New data related to vaccine<br>hesitancy | * Identify socio-behavioral indicators related to<br>motivation and intention to vaccinate                       |  |
|  | Literature Review   | Weekly  | PubMed, LitCovid, ProQuest Central     New data related to vaccine hesitancy                | Identify current vaccination intention     Identify barriers to vaccination                                      |  |
| Third Party<br>Reports                             | Tanaq Social Listening<br>+Media Monitoring Report            | Weekly  | Meltwater     Sprout Social     First Draft     Native platform searches                    | * Trending topics * Demographic and geographic conversation monitoring   |  |
|  | CrowdTangle content insights report                           | Biweekly  | • Facebook  | Top pages (voices), groups General trends/sentiment analysis News analysis through posts                         |  |
|  | First Draft News Vaccine<br>Misinformation Insights<br>Report | Monthly   | Proprietary methods   |  |  |
|  | Project VCTR  | Weekly  | • <u>Proprietary methods</u>  | National and regional trends in negative<br>attitudes toward vaccination     Conversations around Legislation    |  |

#### Perceptions, Concerns, and Threat to Vaccine Confidence



- Some social media users believe that COVID-19 vaccines are ineffective at stopping COVID-19 or the spread of the virus in children.
- Some consumers believe that the COVID-19 vaccine is not warranted in children because they are considered a low-risk population with minimal health effects from the virus and have a low death rate.
- Parents are hesitant to vaccinate their children because they fear serious side effects, adverse events, and unknown long-term side effects.
- Consumers believe the FDA is not moving as fast as it should to approve COVID-19 vaccines in children.

### Perceptions, Concerns, and Threat to Vaccine Confidence



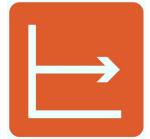
- Some social media users do not think there is enough data to support vaccination against COVID-19 in children.
- With cases of hepatitis in children rising globally, some believe they are caused by COVID-19 vaccines.
- Some are concerned that since vaccine-induced immunity decreases rapidly in adolescents, it will do the same for children under 5 years of age.



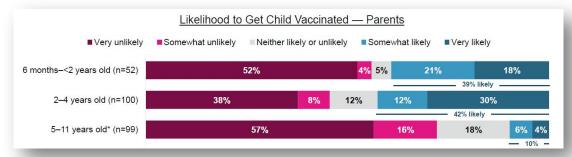
- The HHS Current Events Tracker shared the following polling results:
  - More than two-fifths of parents with unvaccinated children ages 0–4 said they were concerned about their child getting COVID.
  - A majority of parents with unvaccinated children ages 2–15 said they were concerned about their children having side effects from the vaccine.

| Not conce                    | rned Slightly | / concerned | ■Somewhat concerned ■Very concerned |        |               |  |
|------------------------------|---------------|-------------|-------------------------------------|--------|---------------|--|
| <6 months old (n=21)         | 17%           | 16%         | 21%                                 |        | 46%           |  |
|                              |               |             |                                     |        |               |  |
| 6 months-<2 years old (n=52) | 29%           |             | 25%                                 | 22%    | 24%           |  |
|                              |               |             |                                     | 46     | % concerned — |  |
| 2-4 years old (n=100)        | 23%           |             | 24%                                 | 23%    | 30%           |  |
|                              |               |             |                                     | 53% co | ncerned —     |  |
| 5-11 years old* (n=99)       | 17%           | 19%         | 23%                                 |        | 41%           |  |

### Perceptions, Concerns, and Threat to Vaccine Confidence



- The HHS Current Events Tracker shared the following polling results:
  - Roughly 40% of parents with children ages 6 months to 4 years old said they were likely to get their child vaccinated if a vaccine was authorized.



 A KFF poll found that 17% of parents with children younger than 5 years old will get their child vaccinated right away, while 38% say they plan to wait and see how the vaccine is working for others, 27% say they will definitely not get their child vaccinated, and 11% say they will only do so if they are required.

#### **Content Gaps and Information Voids**

- Why should a child under the age of six if they are less likely to experience negative health outcomes from COVID-19?
- What is the risk of unknown long-term side effects for kids?
- What are common COVID-19 vaccine side effects in children?
- Can the COVID-19 vaccine cause hepatitis in kids?



## Identified misinformation themes that may impact vaccine confidence

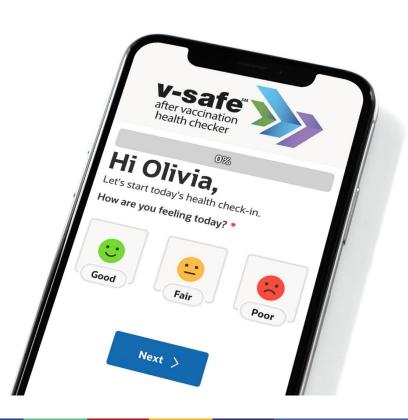


- COVID-19 poses no risk to children.
- Children are getting hepatitis from the COVID-19 vaccines.
- The virus that causes COVID-19 does not infect children.
- Authorizing vaccines in children is only a ploy for pharmaceutical companies to make money.
- COVID-19 vaccines for kids under 5 will not have to meet the FDA's 50% efficacy threshold required to obtain Emergency Use Authorization.

## **Smartphone-based active safety monitoring**



- Active surveillance with near real-time data collection
- Accessible to all COVID-19 vaccine recipients
- Sends text messages linking to quick web-based surveys – no app download required
- Accessible in multiple languages
- Parents can register on behalf of their kids and complete surveys for them
- Anyone can self-register at <u>vsafe.cdc.gov</u>



#### **Preparing to Talk about COVID-19 Vaccines**

- Listen to questions and/or concerns with empathy
- Ask open-ended questions to explore their concerns
- 3. Ask permission to share information
  - Share answers to common questions from reputable sources, including CDC.gov, local health department or other trusted sources
- 4. Help them find their own reason to get vaccinated
- 5. Help make their vaccination happen
  - Refer them to local vaccination sites, offer additional support as appropriate/possible.







## **EVALUATION**

Please take the time to complete the Forum evaluation via Zoom, and help us improve this activity for future sessions.

## Thank you!