



COVID-19 Update: Clinical Guidance and Patient Education for Bivalent COVID-19 Vaccines

Clinician Outreach and Communication Activity (COCA) Call
Tuesday, December 13, 2022

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Objectives

At the conclusion of today's session, the participant will be able to accomplish the following:

1. Discuss current data on effectiveness of COVID-19 vaccines.
2. Review current recommendations for bivalent COVID-19 vaccines.
3. Describe strategies for communicating with patients about COVID-19 vaccination.

To Ask a Question

- Using the Zoom Webinar System
 - Click on the “Q&A” button
 - Type your question in the “Q&A” box
 - Submit your question
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- If you are a member of the media, please direct your questions to CDC Media Relations at 404-639-3286 or email media@cdc.gov

Today's Presenters

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LCDR, U.S. Public Health Service

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Updates on COVID-19 mRNA Vaccine Effectiveness

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Increasing Community Access to Testing (ICATT) Partnership: VE analysis for symptomatic infection

- **Nationwide community-based drive-through COVID-19 testing via pharmacies**
- **Self-reported vaccine history at time of registration for COVID-19 testing; excluded those who did not report vaccination status**
- **Design: Test-negative, case-control analysis**
- **Population: Persons with ≥ 1 COVID-like symptom and nucleic acid amplification testing (NAAT); immunocompromised excluded**
- **Adjusted for:**
 - Demographics, social vulnerability index of the testing location, underlying conditions (presence versus absence), state of residence of person tested, pharmacy chain conducting the test, local incidence (cases per 100,000 by site zip code in the 7 days before test date), and date of testing
 - Excluded individuals reporting a positive test <90 days prior to current test
- **Period for analysis:**
 - Tested: September 14, 2022 – November 11, 2022
 - Majority BA.4/BA.5 predominant period; included weeks when BQ.1, BQ.1.1, BF.7, etc. circulated

ICATT: Absolute VE against symptomatic infection for bivalent booster, by age group and number of monovalent COVID-19 vaccine doses — September–November 2022

Age group, years	Absolute VE (95% CI), by no. of monovalent doses received before the bivalent vaccine dose			
	2 doses	3 doses	4 doses*	≥2 doses
18–49 years	41 (31–49)	43 (39–46)	NA	43 (39–46)
50–64 years	50 (35–61)	25 (17–33)	28 (20–34)	28 (22–33)
≥65 years	32 (9–49)	19 (8–29)	23 (15–30)	22 (15–29)

Absolute VE: Effectiveness of a bivalent booster received after 2, 3, or 4 monovalent doses compared with unvaccinated (i.e., receipt of no doses)

* Immunocompetent persons aged <50 years were not eligible for a fourth monovalent (second booster) dose.

VEs with CIs wider than 50 percentage points removed due to imprecision.

Link-Gelles, Ciesla, Fleming-Dutra, et al. MMWR <https://www.cdc.gov/mmwr/volumes/71/wr/mm7148e1.htm>

ICATT: Relative VE against symptomatic infection for bivalent booster dose by time since most recent monovalent dose, by age group and number of monovalent COVID-19 vaccine doses, September–November 2022

Age group/months since receipt of most recent monovalent dose	Relative VE (95% CI), by no. of monovalent doses received, by no. of monovalent doses received before the bivalent vaccine dose			
	2 doses	3 doses	4 doses*	≥2 doses
18–49 years				
2–3 mos since receipt of most recent monovalent dose	45 (31–56)	24 (14–33)	N/A	30 (22–37)
4–5 mos since receipt of most recent monovalent dose	47 (35–57)	41 (35–47)	N/A	43 (38–48)
6–7 mos since receipt of most recent monovalent dose	42 (30–52)	47 (42–52)	N/A	46 (41–50)
≥8 mos since receipt of most recent monovalent dose	53 (45–60)	58 (56–61)	N/A	56 (53–58)
50–64 years				
2–3 mos since receipt of most recent monovalent dose	—	15 (–4–31)	33 (24–41)	31 (24–38)
4–5 mos since receipt of most recent monovalent dose	44 (18–62)	31 (18–42)	36 (29–43)	36 (30–41)
6–7 mos since receipt of most recent monovalent dose	46 (22–62)	36 (25–45)	40 (32–47)	38 (32–43)
≥8 mos since receipt of most recent monovalent dose	61 (49–70)	51 (45–55)	N/A	48 (45–51)
≥65 years				
2–3 mos since receipt of most recent monovalent dose	—	—	32 (23–40)	28 (19–35)
4–5 mos since receipt of most recent monovalent dose	—	21 (1–36)	36 (29–42)	33 (27–39)
6–7 mos since receipt of most recent monovalent dose	—	14 (–6–30)	40 (33–46)	36 (29–41)
≥8 mos since receipt of most recent monovalent dose	45 (27–58)	42 (35–48)	N/A	43 (39–46)

- RVE increases with longer time since last monovalent dose in comparison group
- Generally, VE is similar regardless of number of monovalent doses received.
- Overall, time since last monovalent dose in the comparison group matters more than number of doses

* Immunocompetent persons aged <50 years were not eligible for a fourth monovalent (second booster) dose. VEs with CIs wider than 50 percentage points removed due to imprecision.
Link-Gelles, Ciesla, Fleming-Dutra, et al. MMWR <https://www.cdc.gov/mmwr/volumes/71/wr/mm7148e1.htm>

Self-Knowledge Check

- **True/false: Number of doses matters more than time since last dose for VE.**
 - A. True
 - B. False

Self-Knowledge Check

- **The correct answer is:**

B. False

RVE of a bivalent booster dose after 2, 3, or 4 monovalent doses against symptomatic infection increases with longer time since last monovalent dose in comparison group. Generally, VE is similar regardless of number of monovalent doses received. Overall, time since last monovalent dose in the comparison group matters more than number of doses.

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

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Bivalent COVID-19 Booster Recommendations and Coverage

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COVID-19 Primary Series Vaccination Recommendations

- People ages 6 months and older are recommended to complete a primary series.
- Monovalent vaccines should be used for the primary series, with one **EXCEPTION**:
 - Children ages 6 months–4 years who received 2 doses of a monovalent Pfizer-BioNTech vaccine are authorized to receive a **bivalent Pfizer-BioNTech vaccine as their third primary series dose.**

COVID-19 Bivalent Booster Vaccination Recommendations

- People ages 6 months and older are recommended to receive a bivalent booster with one **EXCEPTION**:
 - Children 6 months–4 years who receive a **3-dose Pfizer-BioNTech primary series** are **not authorized to receive a booster dose** at this time regardless of which Pfizer-BioNTech vaccine (i.e., monovalent or bivalent) was administered for the third primary dose.

COVID-19 Bivalent Booster Product Varies by Age

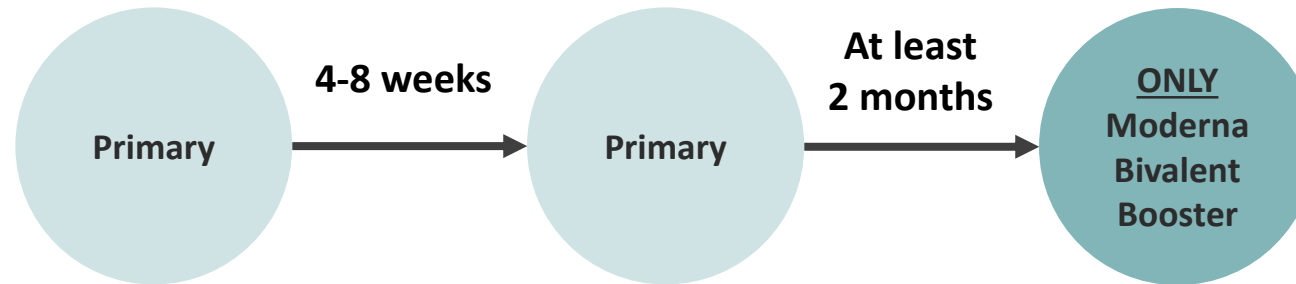
- Ages 6 months–4 years and completed the Moderna primary series:
1 bivalent Moderna booster dose.
- Ages 6 months–4 years and completed Pfizer-BioNTech primary series:
No booster dose is recommended at this time.
- Age 5 years and completed Moderna primary series:
1 bivalent mRNA booster dose (Moderna or Pfizer-BioNTech)
- Age 5 years and completed Pfizer-BioNTech primary series:
1 bivalent Pfizer-BioNTech booster dose.
- Ages 6 years and older and any primary series:
1 bivalent mRNA booster dose (Moderna or Pfizer-BioNTech)



Pediatric Schedule: Ages 6 months–4 Years

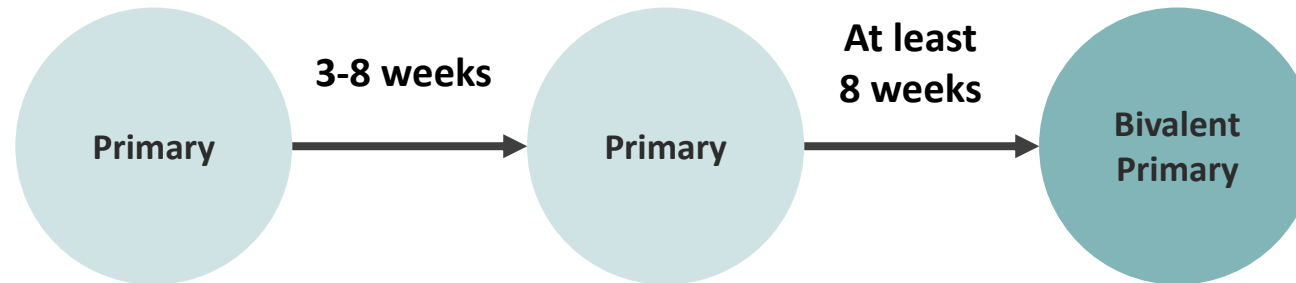
Ages 6 months–4 years

(Primary Series: Moderna)



Ages 6 months–4 years

(Primary Series: Pfizer-BioNTech)

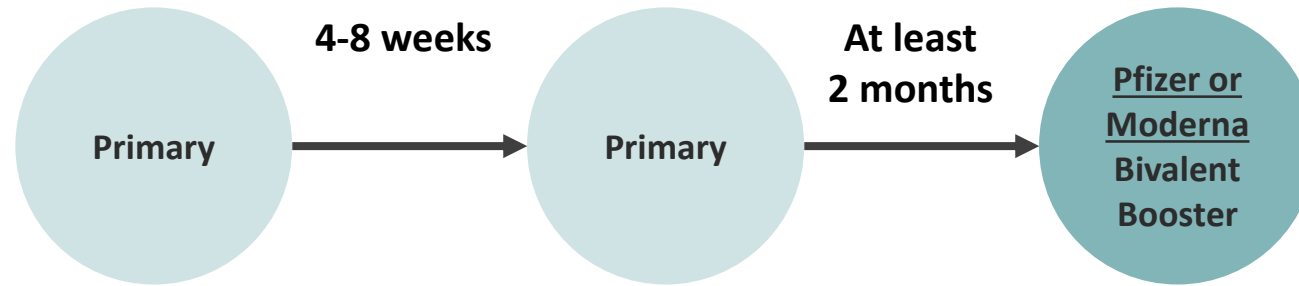


No booster dose authorized

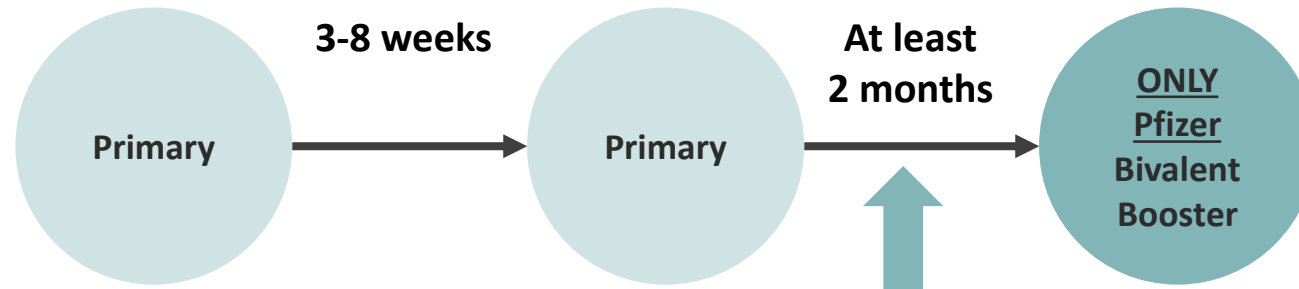


Pediatric Schedule: Age 5 Years

Age 5 years
(Primary Series:
Moderna)



Age 5 years
(Primary Series:
Pfizer-BioNTech)

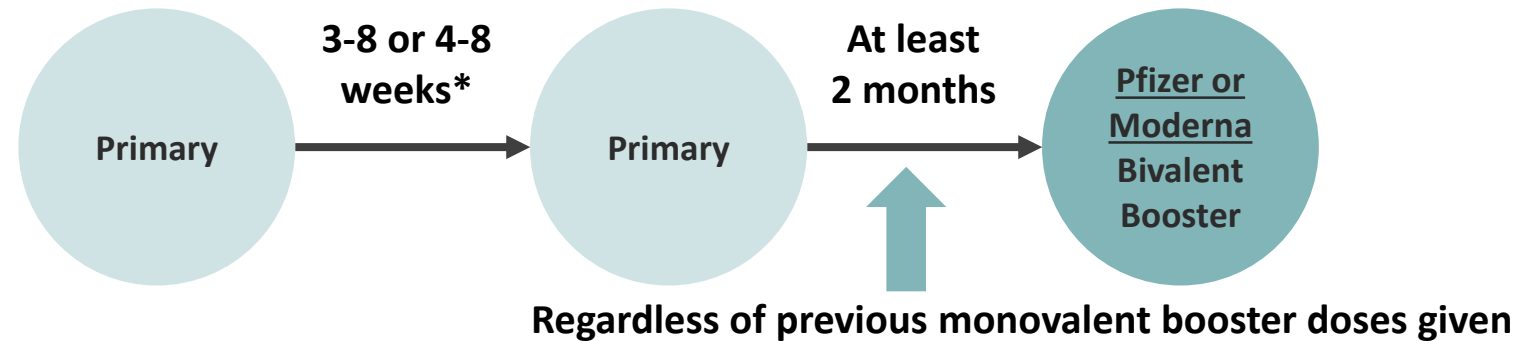


Regardless of previous monovalent booster doses given



Pediatric Schedule: Ages 6–11 Years

Ages 6–11 years
(Primary Series:
Moderna or Pfizer-
BioNTech)

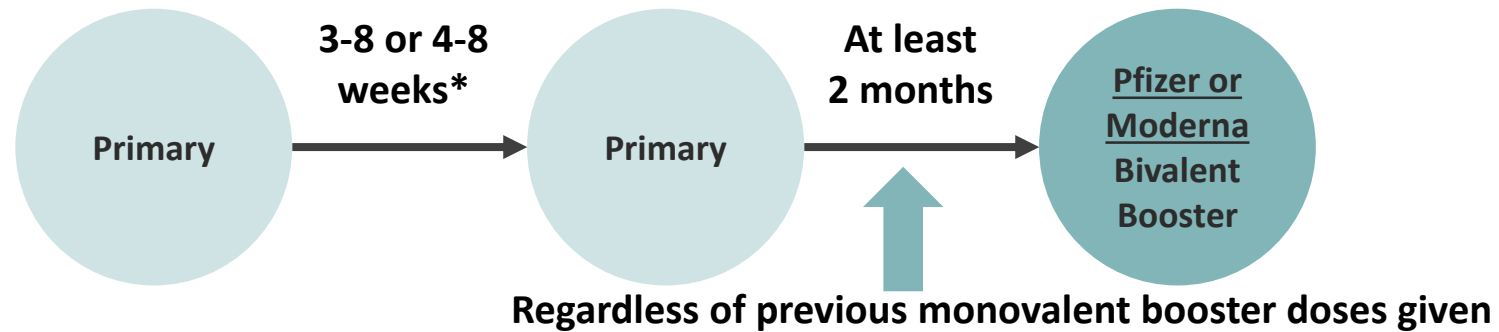




Pediatric Schedule: Ages 12-17 Years

Ages 12–17 years

(Primary Series: Moderna, Novavax, or Pfizer-BioNTech)

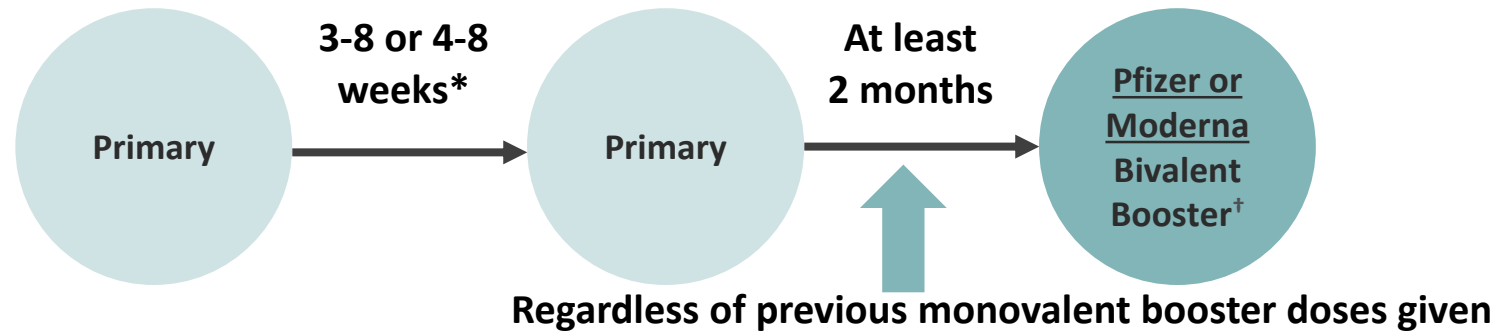




Adult Schedule: Ages 18 Years and Older

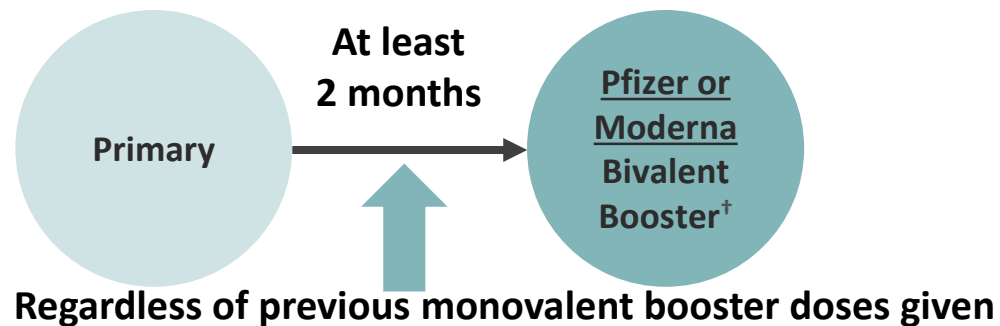
Ages 18 years and older

(Primary Series: Moderna, Novavax, or Pfizer-BioNTech)



Ages 18 years and older

(Primary Series: Janssen)



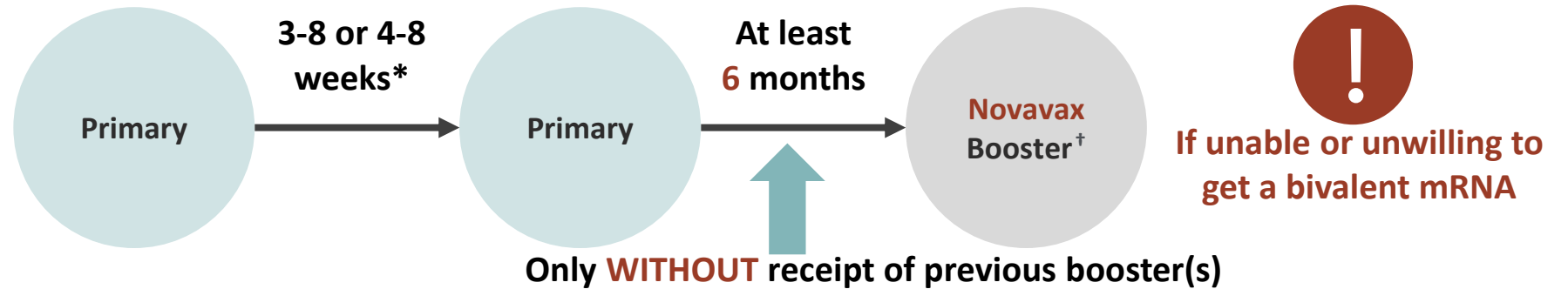
*3-8 week interval for Novavax and Pfizer-BioNTech; 4-8 week interval for Moderna
† A monovalent Novavax booster dose (instead of a bivalent mRNA booster dose) may be used in limited situations in people ages 18 years and older who are unable to receive an mRNA vaccine (i.e., contraindicated) or unwilling to receive an mRNA vaccine and would otherwise remain unvaccinated. The Novavax booster dose is administered **at least 6 months** after completion of a primary series.



Adult Schedule: Ages 18 Years and Older

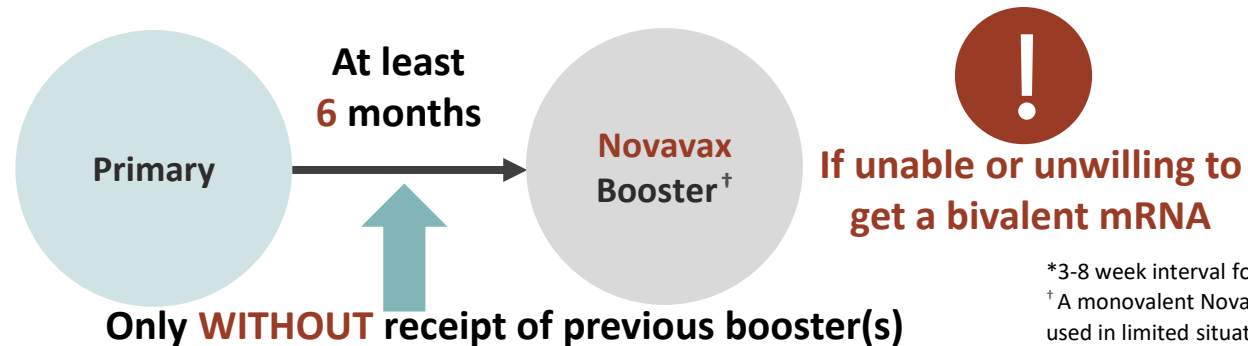
Ages 18 years and older

(Primary Series: Moderna, Novavax, or Pfizer-BioNTech)



Ages 18 years and older

(Primary Series: Janssen)



*3-8 week interval for Novavax and Pfizer-BioNTech; 4-8 week interval for Moderna
[†] A monovalent Novavax booster dose (instead of a bivalent mRNA booster dose) may be used in limited situations in people ages 18 years and older who are unable to receive an mRNA vaccine (i.e., contraindicated) or unwilling to receive an mRNA vaccine and would otherwise remain unvaccinated. The Novavax booster dose is administered **at least 6 months** after completion of a primary series.

Schedule for People who are Moderately or Severely Immunocompromised

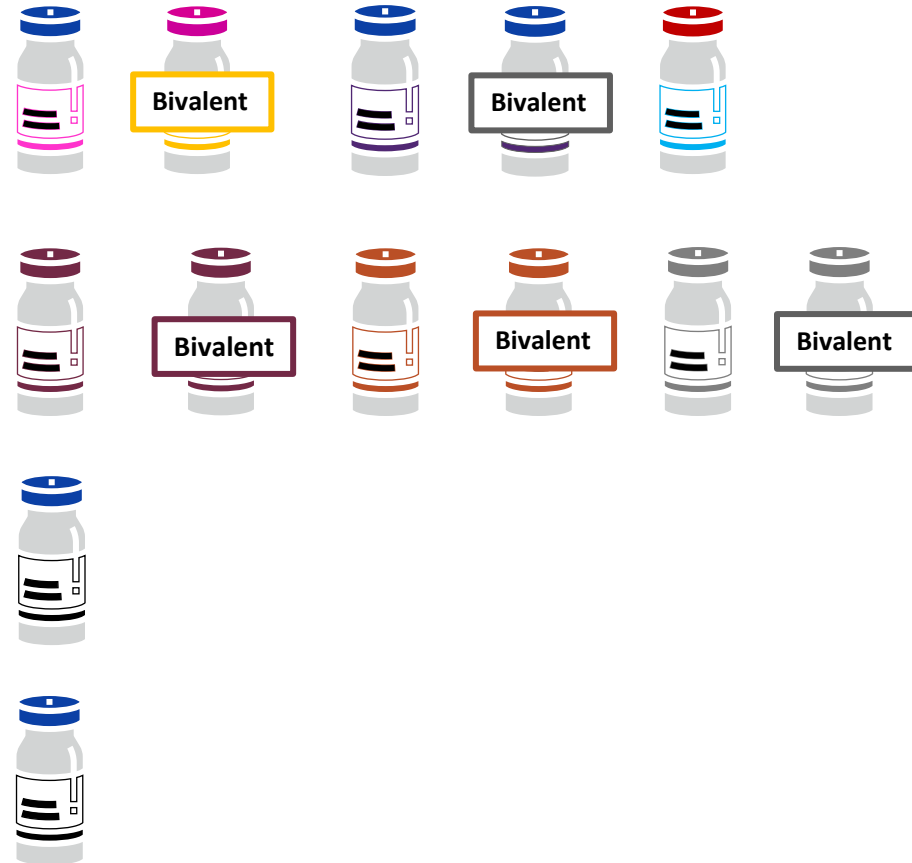
- In most cases, a third primary dose is recommended.

Exceptions:

- Ages 12 years and older who receive Novavax: 2-dose primary series
- Ages 18 years and older who receive Janssen: 1-dose primary series followed by 1 additional mRNA dose

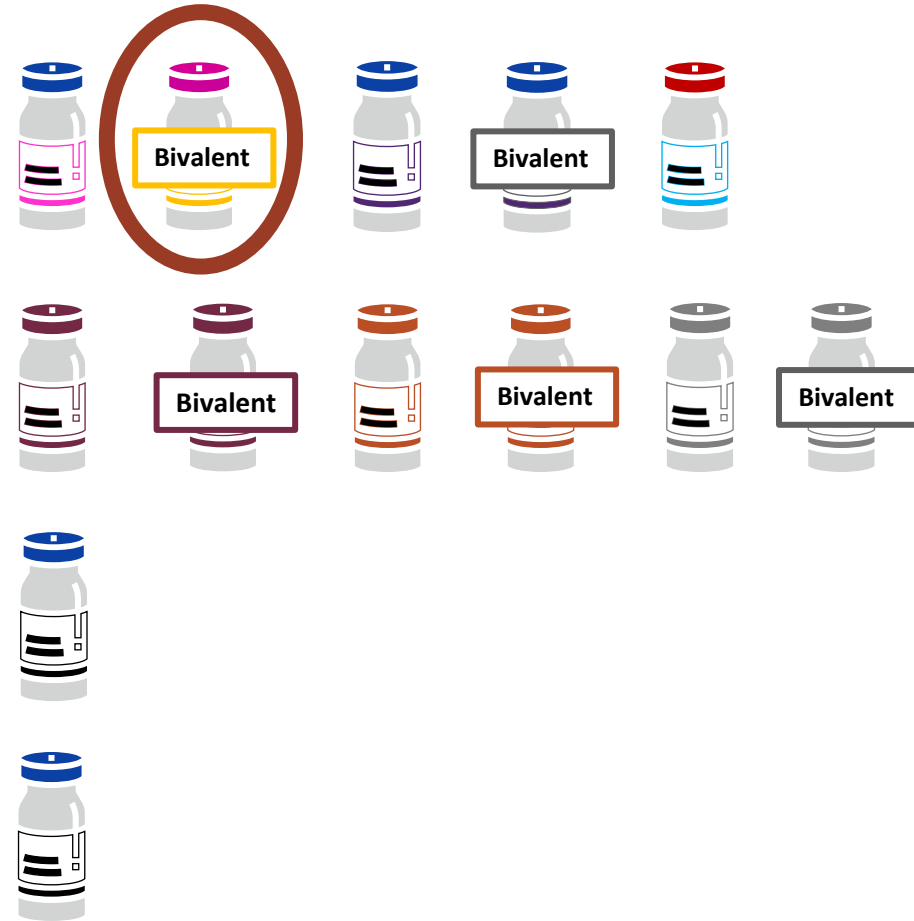
COVID-19 Vaccine Products

- Moderna: 5 products
- Pfizer-BioNTech: 6 products
- Novavax: 1 product
- Janssen: 1 product



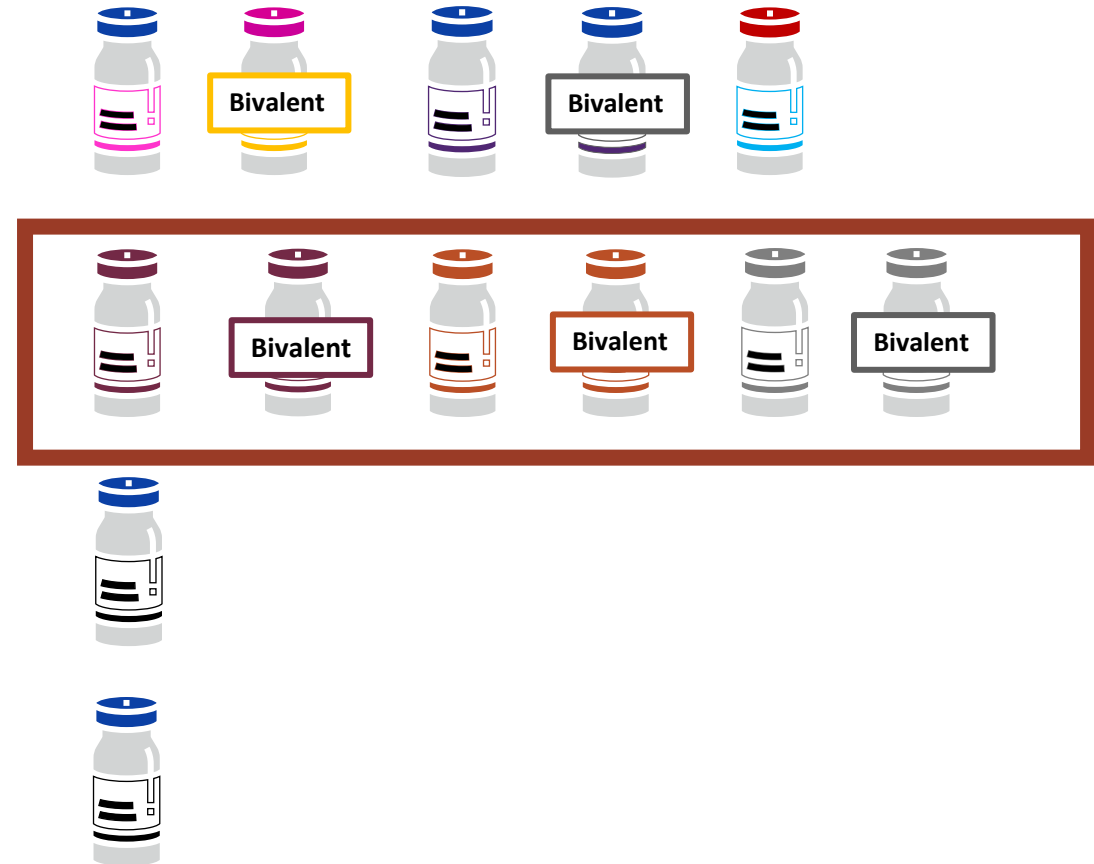
COVID-19 Vaccine Products

- Moderna: 5 products
- Pfizer-BioNTech: 6 products
- Novavax: 1 product
- Janssen: 1 product



COVID-19 Vaccine Products

- Moderna: 5 products
- Pfizer-BioNTech: 6 products
- Novavax: 1 product
- Janssen: 1 product



Coadministration with COVID-19 Vaccines

- Routine administration of all age-appropriate doses of vaccines simultaneously is recommended as best practice for people for whom no specific contraindications exist at the time of the healthcare visit.
- Providers should offer all vaccines for which a person is eligible.
- Extensive experience with non-COVID 19 vaccines has demonstrated that immunogenicity and adverse event profiles are generally similar when vaccines are administered simultaneously as when they are administered alone.


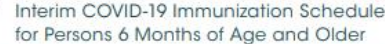

Coadministration of Influenza and COVID-19 Vaccines

- Providers should offer influenza and COVID-19 vaccines at the same visit, if eligible.
 - This includes adjuvanted or high-dose influenza vaccines; administer in separate limbs if possible.
- With both influenza and SARS-CoV-2 circulating, getting both vaccines is important for prevention of severe disease, hospitalization, and death.
- Studies on influenza and COVID-19 coadministration have shown a similar immune response and similar or slightly higher reactogenicity, with no safety concerns identified

1. Lazarus R, Baos S, Cappel-Porter H, et al. Safety and immunogenicity of concomitant administration of COVID-19 vaccines (ChAdOx1 or BNT162b2) with seasonal influenza vaccines in adults in the UK (ComFluCOV): A multicentre, randomised, controlled, phase 4 trial. *Lancet* 2021, 398, 2277–2287.
2. Izikson R, Brune D, Bolduc JS, et al. Safety and immunogenicity of a high-dose quadrivalent influenza vaccine administered concomitantly with a third dose of the mRNA-1273 SARS-CoV-2 vaccine in adults aged ≥65 years: A phase 2, randomised, open-label study. *Lancet Respir. Med.* 2022.
3. Toback S, Galiza E, Cosgrove C, et al. Safety, immunogenicity, and efficacy of a COVID-19 vaccine (NVX-CoV2373) co-administered with seasonal influenza vaccines: An exploratory substudy of a randomised, observer-blinded, placebo-controlled, phase 3 trial. *Lancet Respir. Med.* 2021,10, 167–179.
4. Hause AM, Zhang B, Yue X, et al. Reactogenicity of Simultaneous COVID-19 mRNA Booster and Influenza Vaccination in the US. *JAMA Netw Open.* 2022;5(7):e2222241. Domnich A, Grassi R, Fallani E, Ciccone R, Bruzzone B, Panatto D, Ferrari A, Salvatore M, Cambiaggi M, Vasco A, Orsi A, Icardi G. Acceptance of COVID-19 and Influenza Vaccine Co-Administration: Insights from a Representative Italian Survey. *Journal of Personalized Medicine.* 2022; 12(2):139.

Resources

- Schedule infographic: <https://www.cdc.gov/vaccines/covid-19/clinical-considerations/interim-considerations-us.html>
- Immunization schedule job aid: <https://www.cdc.gov/vaccines/covid-19/downloads/COVID-19-immunization-schedule-ages-6months-older.pdf>
- All COVID-19 product job aids: <https://www.cdc.gov/vaccines/covid-19/info-by-product/index.html>

The following tables provide guidance for COVID-19 vaccination schedules based on age and medical condition and vaccine composition.

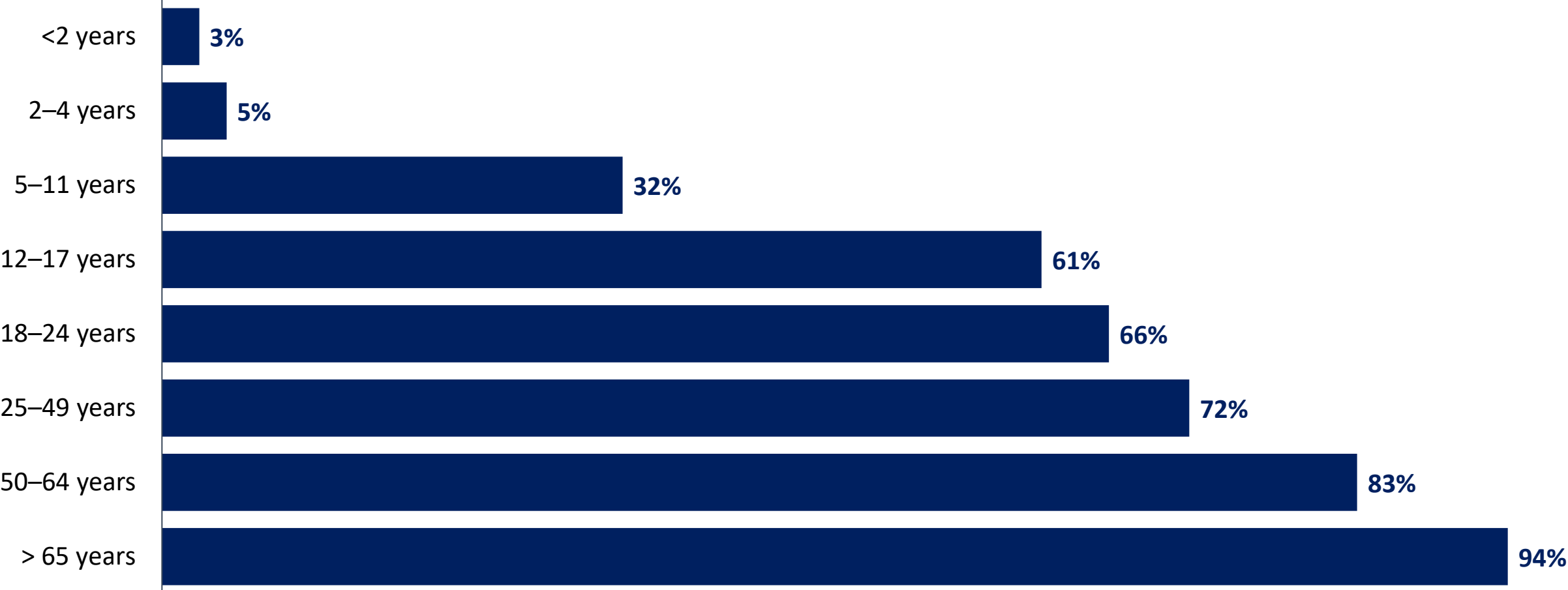
Table 1. Immunization Schedule for Children 6 Months through 17 Years of Age*

Type	Recipient Age	Product ¹	For Most People		Those Who ARE Moderately or Severely Immunocompromised	
			Doses	Interval Between Doses ²	Doses	Interval Between Doses
mRNA vaccine	6 months through 5 years ³	MONOVALENT Moderna: Blue vial cap with magenta-bordered label	Primary series: Monovalent			
			Dose 1 to 2	At least 4–8 weeks ⁴	Dose 1 to 2	At least 4 weeks
					Dose 2 to 3	At least 4 weeks
			Booster dose: Bivalent			
	6 through 11 years	MONOVALENT Moderna: Blue vial cap with purple-bordered label	Primary series: Monovalent			
			Dose 1 to 2	At least 4–8 weeks ⁴	Dose 1 to 2	At least 4 weeks
					Dose 2 to 3	At least 4 weeks
			Booster dose: Bivalent			
	12 through 17 years	MONOVALENT Moderna: Red vial cap with blue-bordered label	Primary series: Monovalent			
			Dose 1 to 2	At least 4–8 weeks ⁴	Dose 1 to 2	At least 4 weeks
					Dose 2 to 3	At least 4 weeks
			Booster dose: Bivalent			
6 months through 4 years	MONOVALENT Pfizer-BioNTech: Maroon vial cap with maroon-bordered label	Primary series: Monovalent				
		Dose 1 to 2	At least 3–8 weeks ⁵	Dose 1 to 2	At least 3 weeks	
				Dose 2 to 3	At least 8 weeks (2 months)	
		Booster dose: Bivalent				
5 through 11 years	MONOVALENT Pfizer-BioNTech: Orange vial cap with orange-bordered label	Primary series: Monovalent				
		Dose 1 to 2	At least 3–8 weeks ⁵	Dose 1 to 2	At least 3 weeks	
				Dose 2 to 3	At least 4 weeks	
		Booster dose: Bivalent				
12 years through 17 years	MONOVALENT Pfizer-BioNTech: Gray vial cap with gray-bordered label	Primary series: Monovalent				
		Dose 1 to 2	At least 3–8 weeks ⁵	Dose 1 to 2	At least 3 weeks	
				Dose 2 to 3	At least 4 weeks	
		Booster dose: Bivalent				
Protein subunit vaccine	MONOVALENT Novavax	Primary series: Monovalent				
		Dose 1 to 2	At least 3–8 weeks ⁵	Dose 1 to 2	At least 3 weeks	
		Booster dose: Bivalent				
		Dose 2 to 3	At least 8 weeks (2 months)	Dose 2 to 3	At least 8 weeks (2 months)	

* Guidance related to special situations when vaccinating children, such as those who have a birthday before completing the primary series or booster dose, see [Special Situations for COVID-19 Vaccination of Children and Adolescents](#).
¹ Complete the primary series with same product. If the vaccine product previously administered cannot be determined, is no longer available or contraindicated, any age-appropriate monovalent COVID-19 vaccine may be administered at least 28 days after the first dose to complete the primary series. Moderna or Pfizer-BioNTech bivalent COVID-19 vaccine can be administered for the bivalent booster dose, regardless of the primary series product.
² Persons with a recent SARS-CoV-2 infection may consider delaying a primary series or booster dose by 3 months from symptom onset or positive test (if infection was asymptomatic).
³ Administer 1 Pfizer BioNTech bivalent booster dose to children age 5 years who have completed a primary series of Moderna COVID-19 vaccine.
⁴ An 8-week interval between the first and second primary series doses of Moderna, Novavax, and Pfizer-BioNTech COVID-19 vaccines may be optimal for some people ages 6 months–64 years, especially for males ages 12–39 years, as it may reduce the small risk of myocarditis and pericarditis associated with these vaccines. A shorter interval (4 weeks for Moderna) between the first and second doses remains the recommended interval for people who are moderately or severely immunocompromised; adults ages 65 years and older; and in situations in which there is increased concern about COVID-19 community levels or an individual's higher risk of severe disease.
 11/15/2022 CS221629-0V 1

Complete primary series vaccination coverage increases with increasing age.

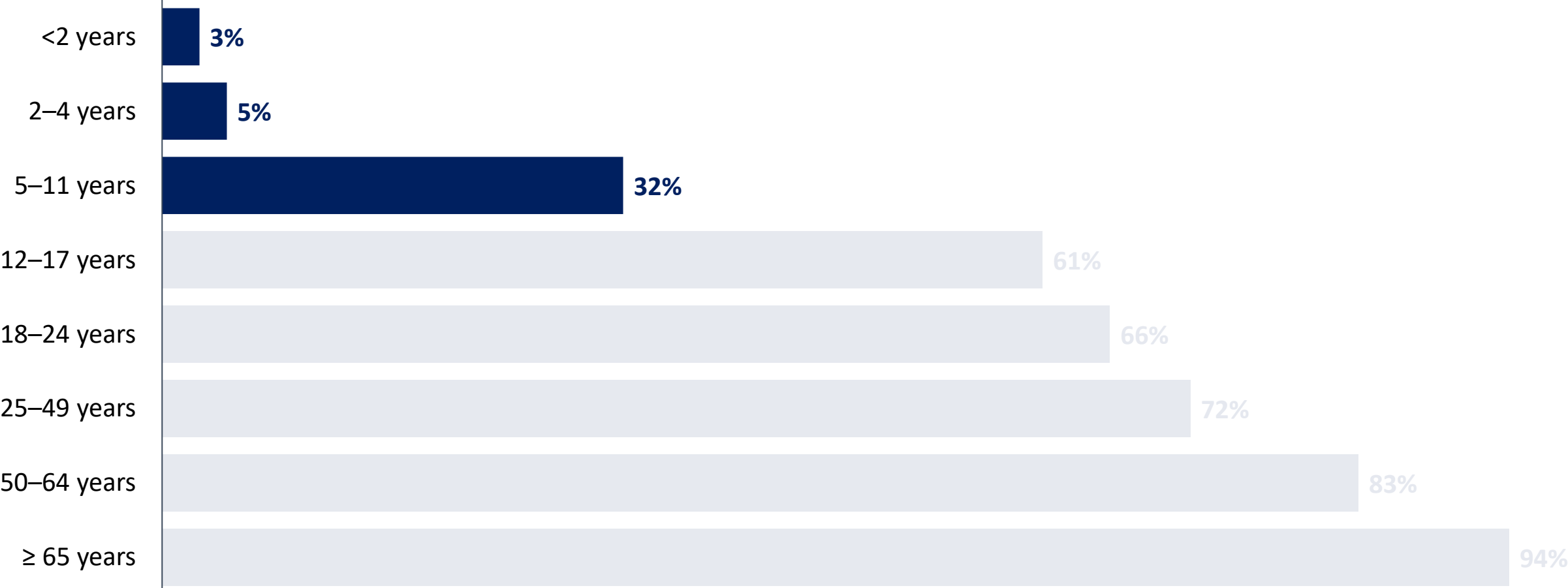
Primary COVID-19 Vaccination Coverage by Age



COVID-19 Data Tracker, last updated November 23, 2022, <https://covid.cdc.gov/covid-data-tracker/#vaccination-demographics-trends>

Primary vaccination coverage is **lowest** in the **youngest** age groups.

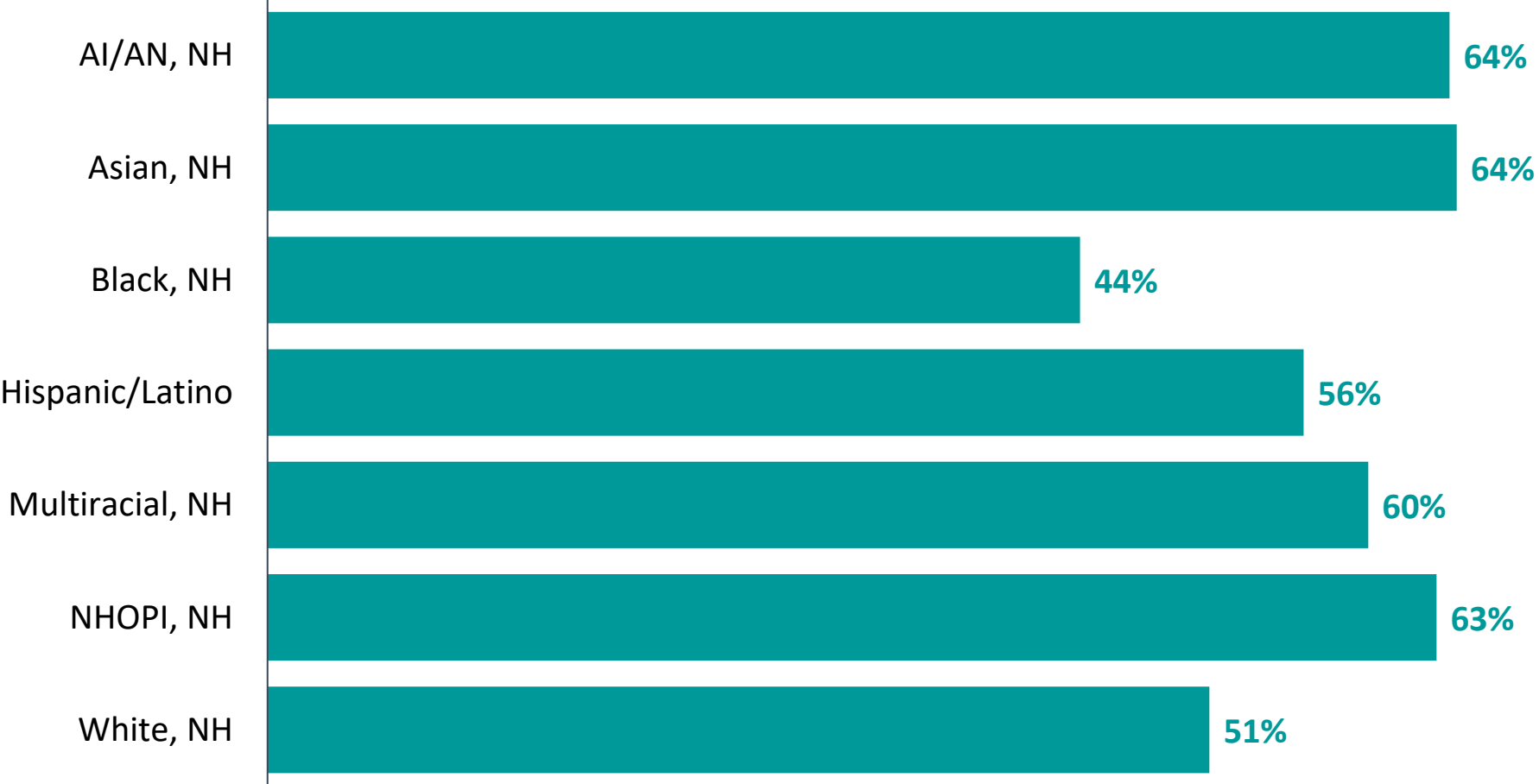
Primary COVID-19 Vaccination Coverage by Age



COVID-19 Data Tracker, last updated November 23, 2022, <https://covid.cdc.gov/covid-data-tracker/#vaccination-demographics-trends>

Primary vaccination coverage **disparities** are observed by **race and ethnicity**.

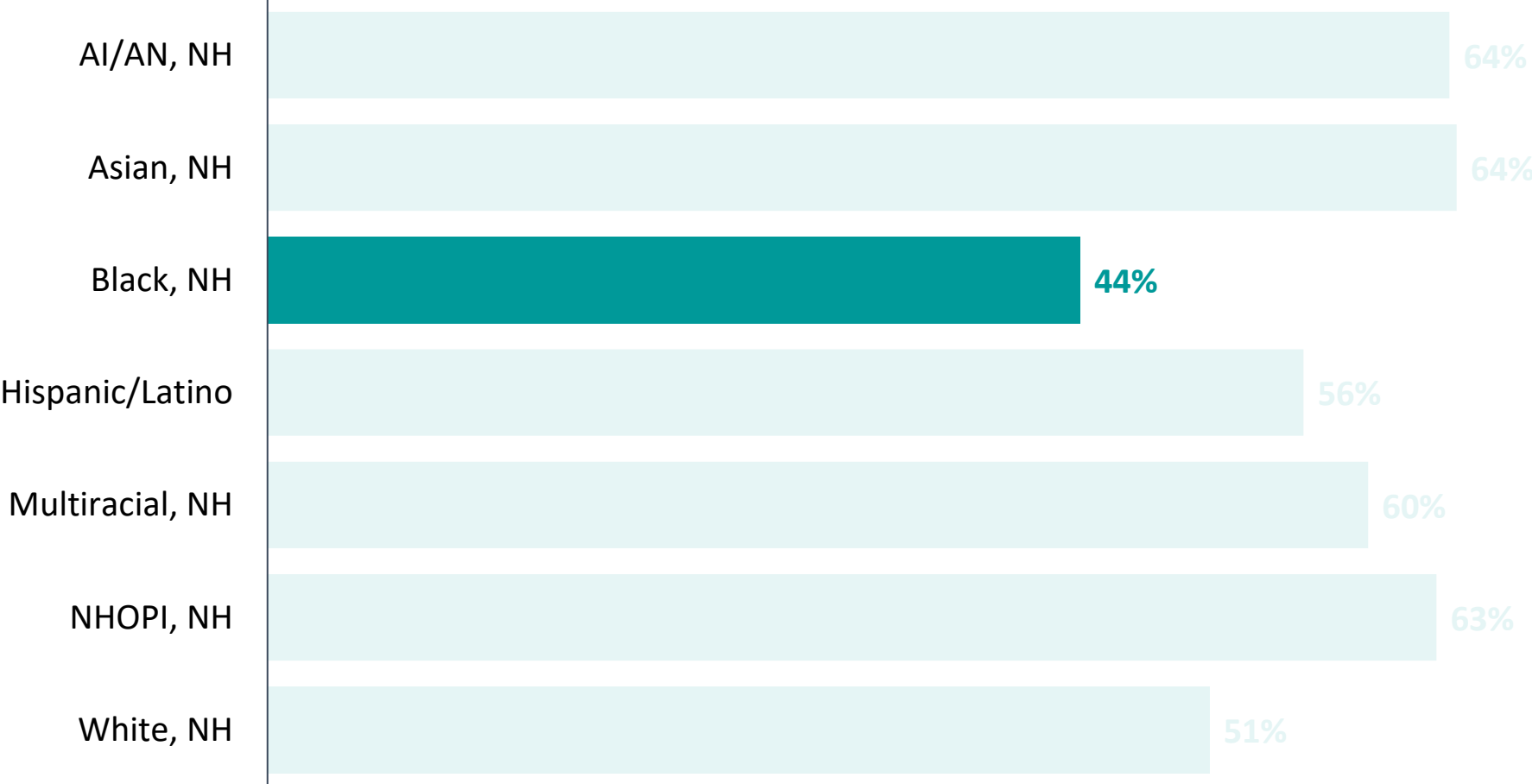
Primary COVID-19 Vaccination Coverage by Race/Ethnicity



AI or AN: American Indian or Alaska Native; NHOPI: Native Hawaiian or Other Pacific Islander; NH: non-Hispanic
COVID-19 Data Tracker, last updated November 23, 2022, <https://covid.cdc.gov/covid-data-tracker/#vaccination-demographics-trends>

Coverage is lowest among **Black, non-Hispanic** persons.

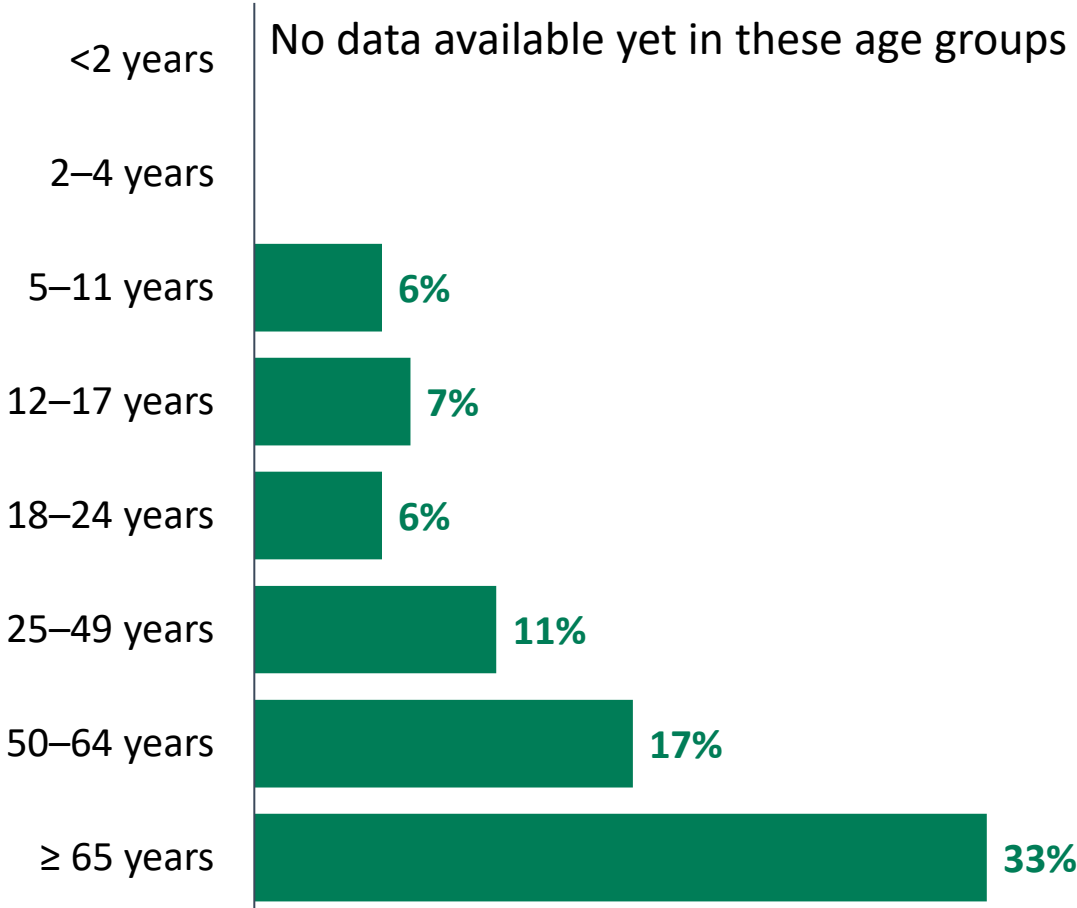
Primary COVID-19 Vaccination Coverage by Race/Ethnicity



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COVID-19 Data Tracker, last updated November 23, 2022, <https://covid.cdc.gov/covid-data-tracker/#vaccination-demographics-trends>

In general, **bivalent booster** vaccination coverage is **low**.

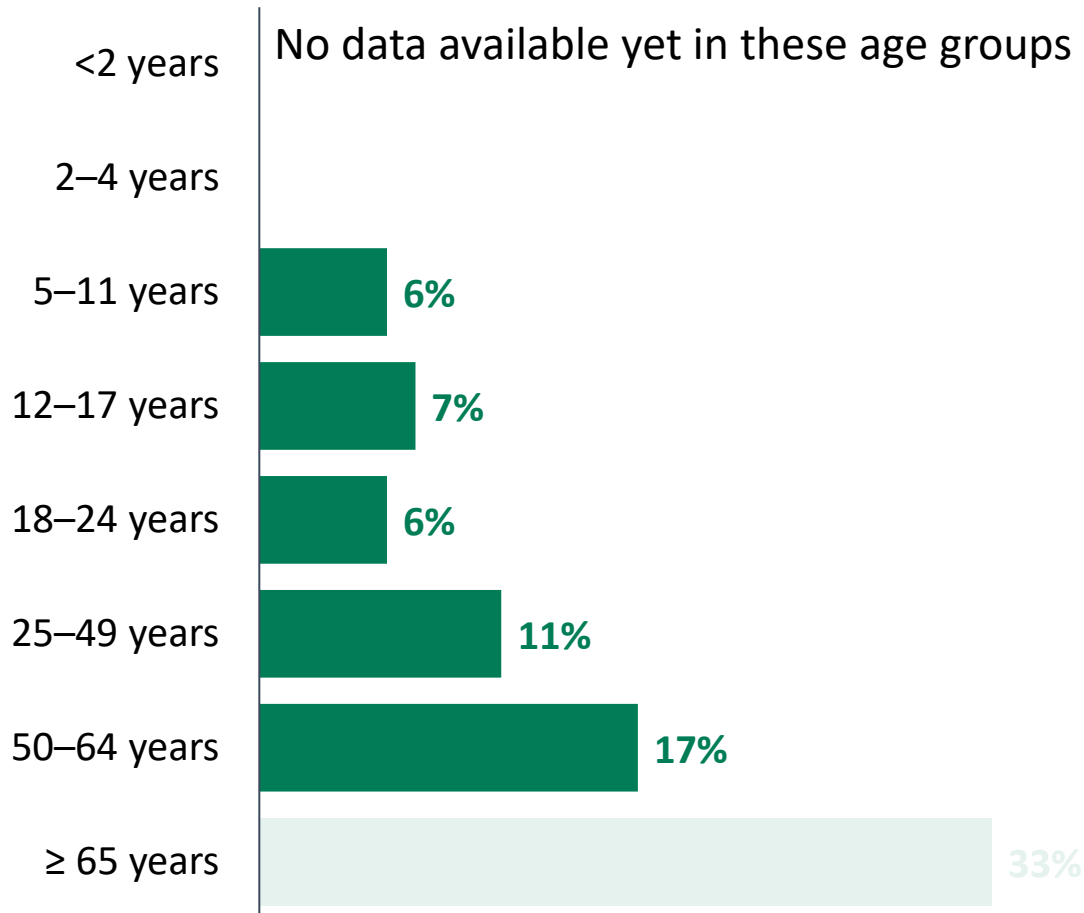
Bivalent Booster COVID-19 Vaccination Coverage by Age



COVID-19 Data Tracker, last updated November 23, 2022, <https://covid.cdc.gov/covid-data-tracker/#vaccination-demographics-trends>

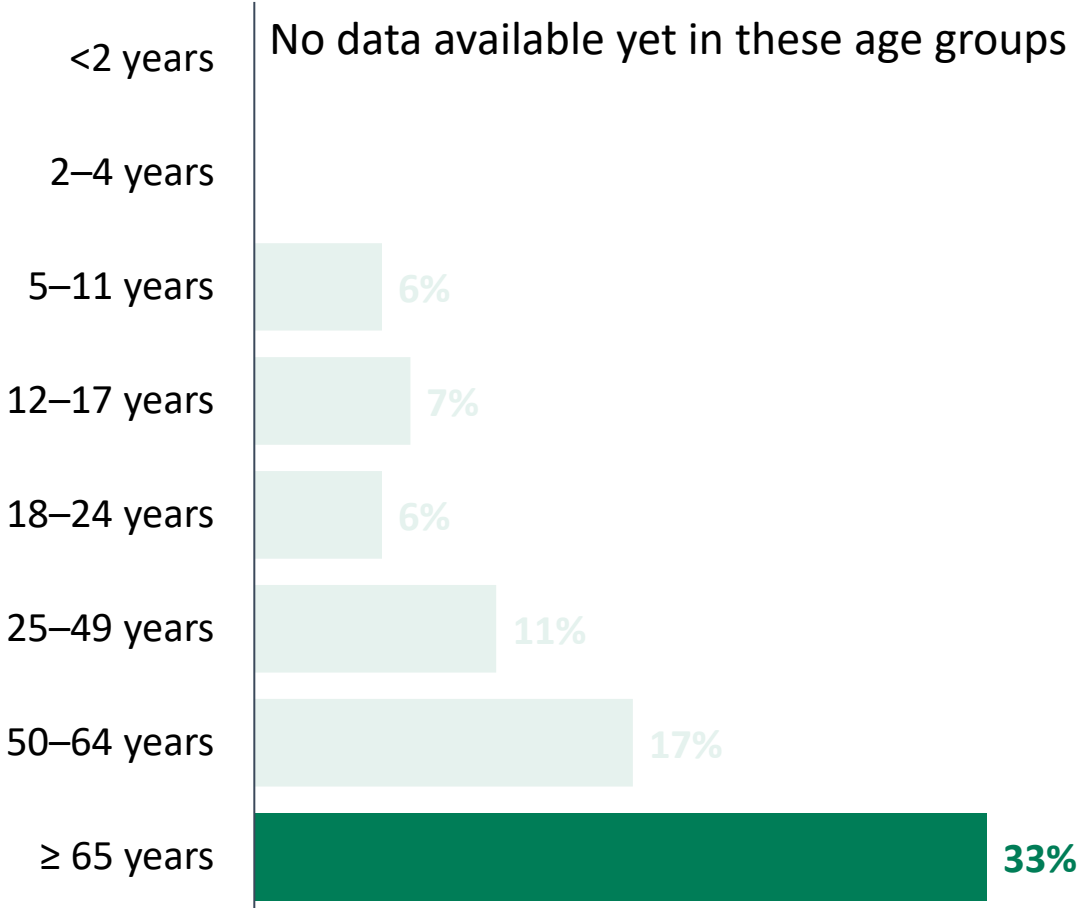
Bivalent booster vaccination coverage is **lowest** among those **younger than age 65 years**.

Bivalent Booster COVID-19 Vaccination Coverage by Age



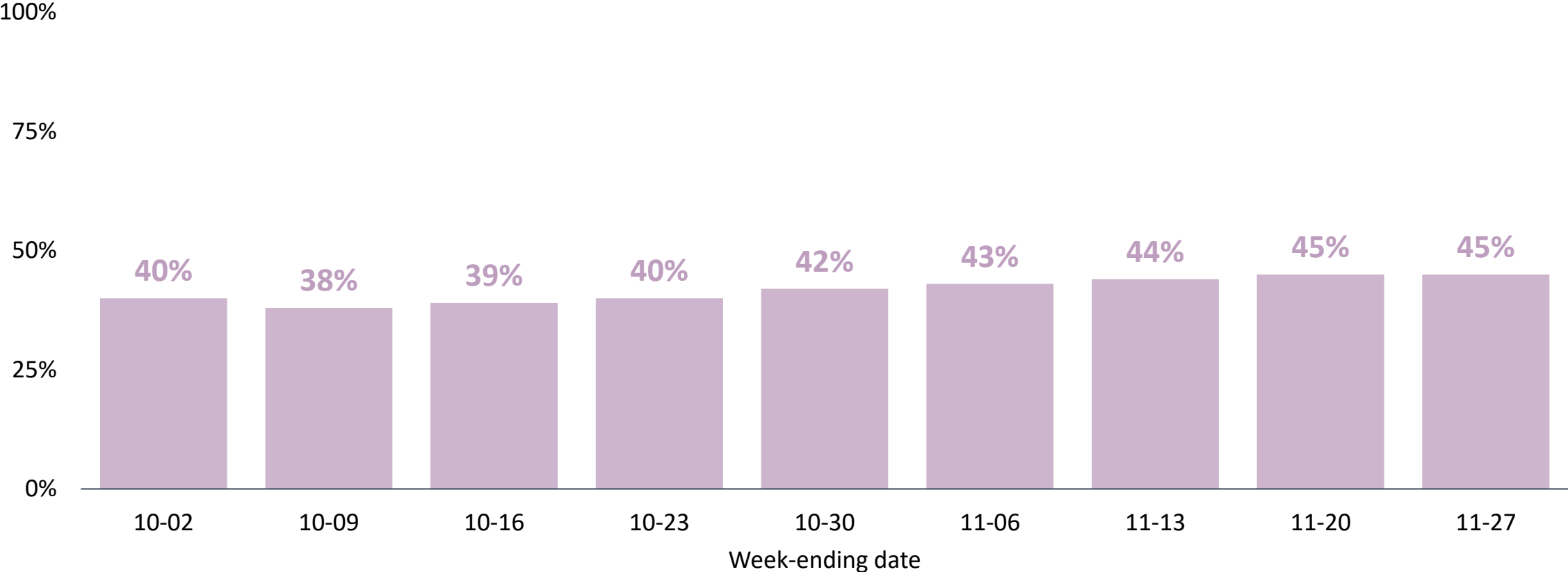
Despite higher coverage among those age >65 years, rates are still **relatively low** and a booster is **critical** for older adults.

Bivalent Booster COVID-19 Vaccination Coverage by Age



Using facility-level data, about 45% of nursing home residents have received a bivalent booster

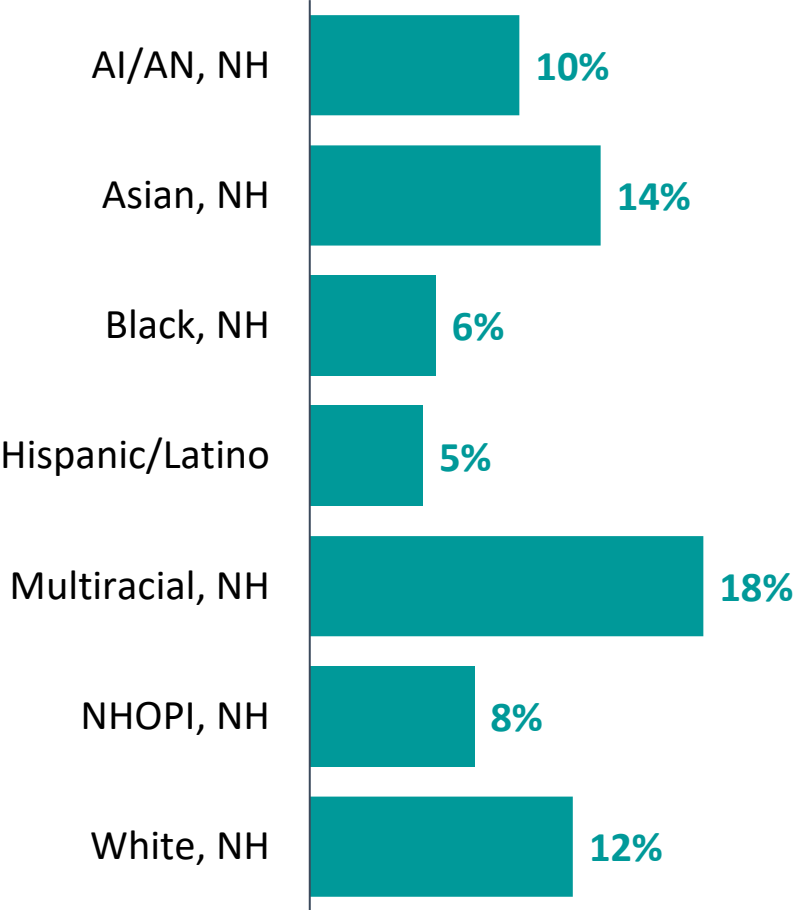
Percentage of Nursing Home Residents Who Are Up to Date with COVID-19 Vaccination (n=14,746)



The NHSN surveillance definition of Up to Date is updated quarterly to incorporate CDC guidance changes. On week-ending 7/3/2022, a new up to date definition was applied, which incorporates second boosters for individuals aged 50 and older. On week-ending 10/2/2022, the up to date definition changed again to include bivalent booster. See [here](#) for NHSN surveillance definitions, including up to date, by reporting quarter. Data for the most recent week are still accruing.

Booster vaccination coverage **disparities** are observed by **race and ethnicity**.

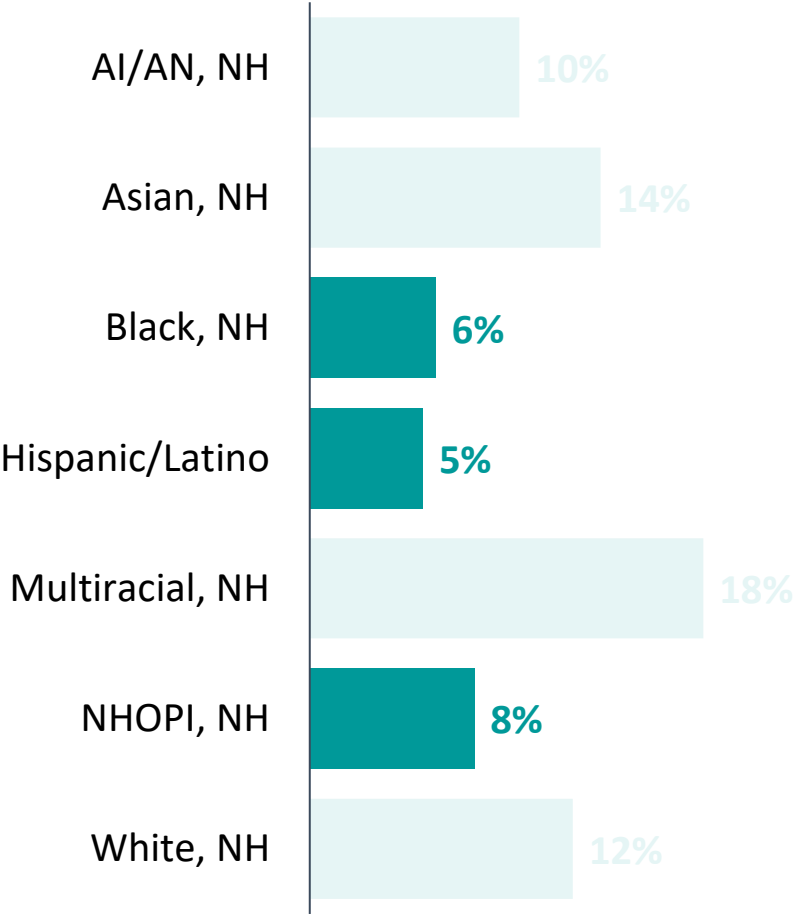
Bivalent Booster COVID-19 Vaccination Coverage by Race and Ethnicity



AI or AN: American Indian or Alaska Native; NHOPI: Native Hawaiian or Other Pacific Islander; NH: non-Hispanic
COVID-19 Data Tracker, last updated November 23, 2022, <https://covid.cdc.gov/covid-data-tracker/#vaccination-demographics-trends>

Coverage is lowest among **Black, non-Hispanic, Hispanic/Latino**, and **Native Hawaiian or Other Pacific Islander**.

Bivalent Booster COVID-19 Vaccination Coverage by Race and Ethnicity



COVID-19 Data Tracker, last updated November 23, 2022, <https://covid.cdc.gov/covid-data-tracker/#vaccination-demographics-trends>

Self-Knowledge Check:

Can the bivalent booster be heterologous/mix-and-match (i.e., different manufacturer for the primary series and booster dose)?

- A. Yes
- B. No
- C. It depends on the person's age and primary series

Self-Knowledge Check:

The correct answer is:

C. It depends on the person's age and primary series.

Bivalent booster recommendations vary based on the person's age at the time of vaccination and the primary series received.

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.

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Talking to Patients about Vaccines

Richard Quartarone, BA

Acting Communication Team Lead, Immunization Services Division

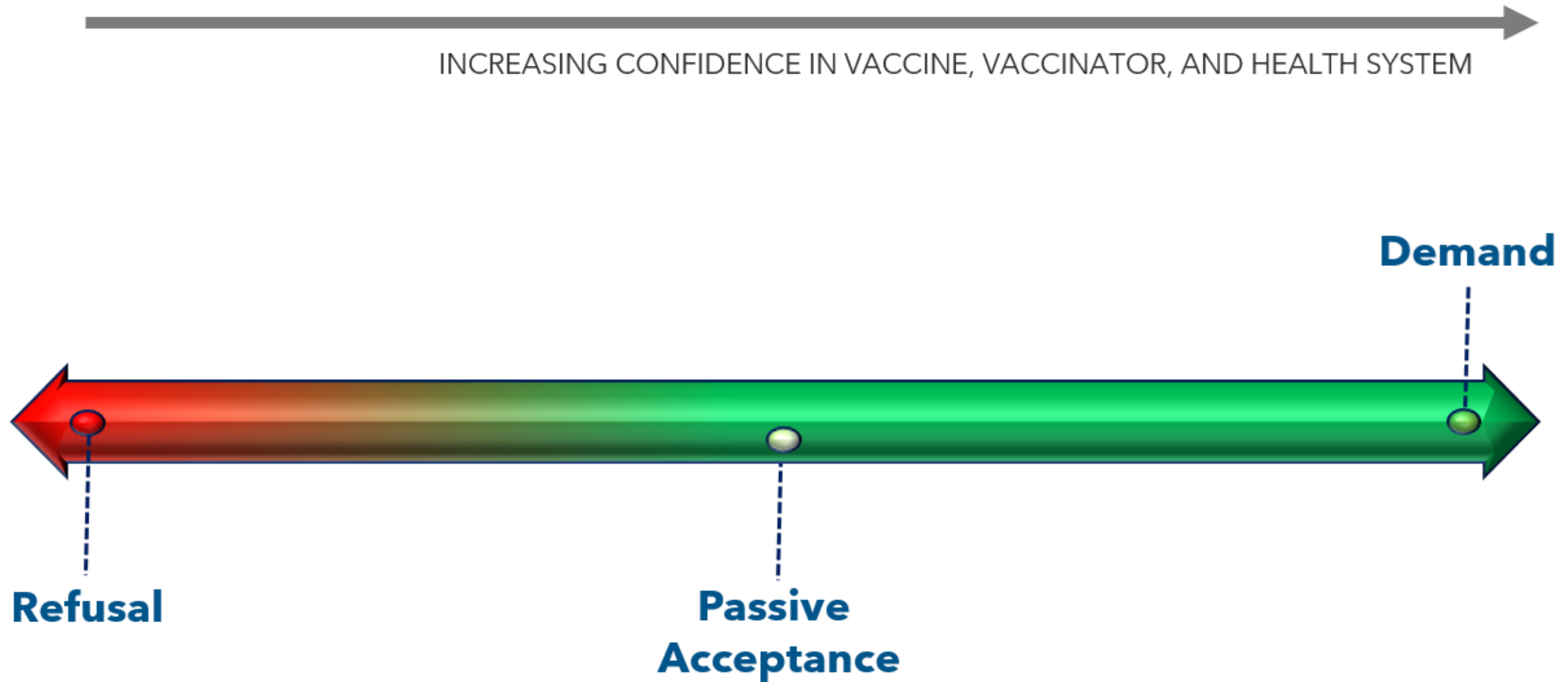
National Center for Immunization and Respiratory Diseases

Centers for Disease Control and Prevention

Ladder to Building Demand Make Vaccines:



Willingness to Accept a Vaccine Falls on a Continuum



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





YOU are patients' and parents' most trusted source of information on vaccines.

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



Combining Multiple Approaches



- **Presumptive**
- **Motivational**
- **Restorative**

Presumptive Approach with a Strong Recommendation

- CDC recommends giving a **strong recommendation** for vaccination using the **presumptive approach**.
- The **presumptive approach** assumes a patient will choose to vaccinate.
- Your strong vaccine recommendation is the **most important** part of the vaccine conversation.

Presumptive vs Participatory Approach

- ✓ **Presumptive** approach:
Assumes patient/parent will choose to vaccinate



James is due for his COVID-19 vaccine today.

- ✗ **Participatory** approach:
Presents patient/parent with a decision to make



Have you thought about the COVID-19 vaccine for James?

When to Use the Presumptive Approach

- Use throughout the clinical experience
- Use among all staff; consistent messaging is critical



Benefits of the Presumptive Approach

- More likely to accept vaccines with a presumptive versus participatory approach.
 - True even among vaccine-hesitant and first-time patients
- More likely to express concerns when asking about vaccination plans.

Delivering a Strong Recommendation: SHARE

- Resources for delivering a strong recommendation:

<https://www.cdc.gov/vaccines/hcp/adults/for-practice/standards/recommend.html>

<https://www.cdc.gov/flu/professionals/vaccination/flu-vaccine-recommendation.htm>

- S** HARE the reasons why the vaccine is right for the patient.
- H** IGHLIGHT positive experiences with the vaccine to reinforce benefits.
- A** DDRESS patient questions and concerns.
- R** EMIND patients the vaccine helps protect them and their loved ones.
- E** XPLAIN the potential costs of getting the vaccine-preventable disease.

Motivational Interviewing (MI)

- Evidence-based and culturally sensitive way to speak with unvaccinated patients about getting vaccinated
- The goal is to help people manage mixed feelings and move toward healthy behavior change consistent with their values and needs
- Ideal for situations for concerned patients or patients with questions
- Studies using MI with vaccination decisions demonstrate increased intent to vaccinate and improved vaccination rates

Motivational Interviewing Quickly Builds Trust and Partnership

- Four steps to applying rapidly (1-5 minutes)

1 Be empathetic

2 Ask permission

3 Apply interviewing techniques

4 Respond to questions

Step 1: Be an Empathetic Partner

- Be compassionate and show empathy.
- Be sensitive to culture, family dynamics, and circumstances that may influence how patients view vaccines.
- Do not argue or debate.



Step 2: Ask Permission to Share More Information About Vaccines

- Start by asking permission to discuss vaccines.
- Example: *“If it is okay with you, I would like to spend a few minutes talking about COVID-19 vaccines and your family.”*

Step 2: Ask Permission to share more information about vaccines

- If the patient indicates they do **NOT** want to talk about vaccines:
 - Probe about why they don't want to talk about vaccines
 - “Can you tell me more about the reasons you don't want to discuss vaccination today?”
 - Respect the patient's decision
 - “You're not ready to talk about vaccines today, and that's okay.”
 - Ask if they would be willing to talk about vaccines at their next visit
 - “Because I care about your overall health, maybe we could talk about the vaccine at your next visit?”



If it is okay with you, I would like to spend a few minutes talking about COVID-19 vaccines and your family.

That sounds okay.

Step 3: Motivational interviewing

- **Open** the conversation
 - Use open-ended starters to explore
 - Avoid yes/no questions, which stop the conversation
- **Affirm** positive behaviors
 - *“That’s great that you’ve gotten your flu vaccine.”*
- **Reflect** what you hear
 - *“It sounds like you’re feeling concerns about the vaccine.”*
- **Summarize** the conversation
 - *“Let me see if I understand what you’ve said so far [summarize in your own words].”*

Step 3: Motivational interviewing

- Example: Ask the patient a scaled question.
 - *“On a scale of 1 to 10, how likely are you to get a COVID-19 vaccine?”*
- Keep exploring and reflectively listen.
 - *“Why did you choose this number?”*
 - *“Why wasn’t it lower?” “Why wasn’t it higher?”*
 - *“What would take to get to a higher number?”*
- The goal is to help the patient become more open to moving toward high numbers (i.e., getting vaccinated).



On a scale of 1 to 10, how likely are you to get a COVID-19 vaccine?

Hmmm...4.

Tell me more about why you said 4.



I don't think there's anything wrong with it—I've already had 2 shots. But I'm healthy, and I've already had COVID once, I just don't see why I need another shot. My immune system can handle it.

I'm hearing you're not seeing much benefit to the COVID booster. What might make you move to a 5 or 6?

I guess if I knew what's in it for me.

Knowing what's in it for you is important. Would you like to explore some of the reasons vaccination would still benefit you?



Sure.

Although there are some people at higher risk, as you've pointed out, anyone can get COVID-19 and develop severe disease. By getting vaccinated, you reduce your chances of getting really sick and then having to miss work or not being able to take care of your family. How do you feel about that?

Step 4: Respond to questions

- If a patient asks a question about vaccine safety, vaccine risks, or their health or mental health, respond within the boundaries of your competence, ethics, and scope of practice.
- Most data on safety and risk is population based. Practice reframing safety as individual risk.
 - “Based on your health, you are at an increased risk of getting very sick, and in the group the vaccine will most benefit.
- If you do not know the answer to a question, discuss how to find a good source of information.



The benefits you explained make sense, but what about risks? I heard that my immune system might stop working against COVID if I get too many shots.

That's a good question. Some people have proposed this, but so far what we know indicates this is **NOT** happening. We know that the updated vaccine improved antibody response after a 4th dose, both in people with and without previous infection.

Restorative Approach

- An approach to engaging people with histories of trauma that recognizes the presence of trauma symptoms and acknowledges the role that trauma has played in their lives
- Trauma decreases our space for learning, affects the ability to trust, and affects our decisions

Six Restorative Approach Principles



- Safety
- Trustworthiness and transparency
- Empowerment, voice, and choice
- Collaboration and mutuality
- Peer support
- History, culture, and gender

Restorative Communication Strategies

- Speak with a normal, controlled voice
- Invoke a sense of calm
- Express kindness, patience, and acceptance
- Use engaging eye contact and positive body language
- Ask open-ended questions
- Respect personal space

Identified Themes Regarding Bivalent COVID-19 Vaccine

- Theme 1: Some consumers, news outlets and medical professionals are concerned about the availability and eligibility requirements of the bivalent booster doses
- Theme 2: Consumers have questions and concerns about the safety of the bivalent booster dose especially given reports of lack of human trial data
- Theme 3: Consumers have questions and concerns about the effectiveness of a bivalent booster dose, including if a booster dose is even needed
- Theme 4: Some health experts and evidence suggest that combining messaging promoting uptake of the bivalent booster dose and the annual flu vaccine might not be effective for all people

CDC Healthcare Professionals Resources

- <https://www.cdc.gov/vaccines/covid-19/index.html>

The screenshot displays the CDC website's 'Vaccines & Immunizations' section for COVID-19. The main heading is 'COVID-19 Vaccination Clinical & Professional Resources'. Below this is a large illustration of a healthcare professional in a white coat and mask standing and talking to a family (a woman, a child, and a man) who are also wearing masks and sitting on a blue bench. A sign on the wall reads '* STOP COVID-19'. Below the illustration is the text 'Clinical Resources for Each COVID-19 Vaccine' and 'Product Information by U.S. Vaccine'. To the right of the illustration is a 'What's New' section with a list of links: 'Interim COVID-19 Immunization Schedule for 6 Months of Age and Older', 'Equity in Childhood COVID-19 Vaccination', '6 Things to Know About the COVID-19 Vaccine for Children', and 'Resources to Promote COVID-19 Vaccine for Children and Teens'. At the bottom of the page are four navigation tiles: 'Interim Clinical Considerations' (with a document icon), 'Provider Requirements and Support' (with a person at a computer icon), 'Talking with Vaccine Recipients' (with a person at a computer icon), and 'COVID-19 Tracking and Reporting Systems' (with a folder and lock icon).

Find a variety of tools to help you educate vaccine recipients

CDC Vaccine Recipient Education Resources

- <https://www.cdc.gov/vaccines/covid-19/planning/children/resources-promote.html>
- Talking to parents and patients
- FAQs
- Addressing misinformation
- Tailoring information to your audience
- Many resources—videos, posters, social media graphics, customizable letter, and more

The screenshot displays the CDC website's 'Vaccines & Immunizations' section for COVID-19. The main heading is 'Vaccine Recipient Education', with a sub-heading 'Quick References for COVID-19 Vaccine Recipients Who Want More Information'. Below this, there are four small images illustrating healthcare interactions. A paragraph explains that many people have questions about COVID-19 vaccines and that healthcare providers play a critical role in helping recipients understand the importance of vaccination. A second paragraph states that the following resources will help share clear and accurate information, raise awareness, and address common concerns. A green header section titled 'Communication Resources for Healthcare Providers and Staff' contains eight resource cards, each with a title, a brief description, and a right-pointing arrow. The left sidebar lists various navigation options, with 'Vaccine Recipient Education' highlighted.

Vaccines & Immunizations

CDC > COVID-19 Vaccination

COVID-19 Vaccination

- Product Info by U.S. Vaccine +
- Interim Clinical Considerations +
- Clinical Care +
- Provider Requirements and Support +
- Training and Education
- Vaccine Recipient Education** -
- Talking with Patients about COVID-19 Vaccination +
- Talking to Patients with Intellectual and Developmental Disabilities +
- How to Tailor COVID-19 Information to Your Audience +
- How to Address COVID-19 Vaccine Misinformation +
- Health Departments +
- Planning & Partnerships +
- Vaccine Effectiveness Research +
- COVID-19 Vaccine Data Systems +
- Content Syndication +
- Vaccinate with Confidence +

Vaccine Recipient Education

Quick References for COVID-19 Vaccine Recipients Who Want More Information

Many people have questions about the coronavirus disease 2019 (COVID-19) vaccines. As vaccine recipients' most-trusted source of information on vaccines, you play a critical role in helping vaccine recipients understand the importance of vaccination and that [COVID-19 vaccines are safe and effective](#).

The following resources will help you share clear and accurate information about COVID-19 vaccines, raise awareness about the benefits of vaccination, and address common questions and concerns about what to expect when getting vaccinated.

Communication Resources for Healthcare Providers and Staff

- How to Talk with Parents about COVID-19 Vaccination** >
Tips for Pediatricians, Family Medicine Practitioners, and Other Pediatric Providers
- Talking with Patients about COVID-19 Vaccination** >
An Introduction to Motivational Interviewing for Healthcare Professionals
- COVID-19 Vaccine FAQs for Healthcare Professionals** >
Answers to common clinical questions you or your patients may have about COVID-19 vaccines
- Talking to Patients with Intellectual and Developmental Disabilities about COVID-19 Vaccination** >
Tips for Healthcare Providers & Clinical Staff
- How to Address COVID-19 Vaccine Misinformation** >
Communicating accurate information, responding to gaps, and confronting misinformation
- How to Tailor COVID-19 Information to Your Specific Audience** >
Understanding your audience, creating messages and materials, and getting feedback

CDC Motivational Interviewing Information

- <https://www.cdc.gov/vaccines/covid-19/hcp/engaging-patients.html>

Vaccines & Immunizations

CDC > COVID-19 Vaccination > Vaccine Recipient Education


🏠 COVID-19 Vaccination

- Product Info by U.S. Vaccine +
- Interim Clinical Considerations +
- Clinical Care +
- Provider Requirements and Support +
- Training and Education
- Vaccine Recipient Education +
- Health Departments +
- Planning & Partnerships +
- Vaccine Effectiveness Research
- COVID-19 Vaccine Data Systems +

Talking with Patients about COVID-19 Vaccination

[Print](#)

An Introduction to Motivational Interviewing for Healthcare Professionals



As a trusted source of health information and healing, your approach to a conversation with patients and families who are hesitant about receiving COVID-19 vaccines can influence their willingness to consider vaccination.

Motivational interviewing [🔗](#) is an evidence-based and culturally sensitive way to speak with unvaccinated patients about getting vaccinated. The goal of motivational interviewing is to help people manage mixed feelings and move toward healthy behavior change that is consistent with their values and needs.

How to Apply Motivational Interviewing During a Patient Visit

CDC COVID-19 Vaccine Resources for Patients

- <https://www.cdc.gov/vaccines/covid-19/planning/children/resources-promote.html>

Template Blog, Newsletter, Email for Providers and Partners
Draft 3/31/22

Customizable Letter Template for COVID-19 Vaccination for Children

This sample letter template has information about COVID-19 vaccination for children who are eligible and is designed for providers and partners to send to parents and caregivers. It may be adapted and used in blogs, email communication, newsletters, etc. and can be customized with contact information. Highlighted content indicates information that may be tailored based on the vaccine provider's needs.

AUTHOR: [\[insert office, clinic, vaccination event name\]](#)

TITLE: COVID-19 vaccination for children: What you need to know

COVID-19 vaccines are available for [children ages 6 months and older](#). We are excited to offer vaccines at our [\[insert office, clinic, or other location\]](#) to help protect children against COVID-19. Getting children vaccinated against COVID-19 can help keep them from getting really sick if they get COVID-19. Vaccinating children can also help relieve the strain on families by providing greater confidence in children participating in childcare, school, and other activities.

Schedule [\[insert link to organizational scheduler\]](#) or call [\[insert phone number\]](#) to schedule your child's COVID-19 vaccine today.

We know parents and caregivers have questions and want more information. Here's what you need to know.

Children of all ages can get very sick from COVID-19.

Children can get infected with COVID-19, get very sick, suffer short- and long-term health complications, and spread COVID-19 to others.

{INSERT QUOTE FROM SPOKESPERSON. Suggested quote: "In children who have been infected with COVID-19, we have seen a range of symptoms, from very mild to serious illness, and in some cases even requiring hospitalization. That's why we recommend COVID-19 vaccination for all children ages 6 months and older to help protect them."} says [\[NAME and TITLE\]](#).

COVID-19 vaccination is safe and effective for children.

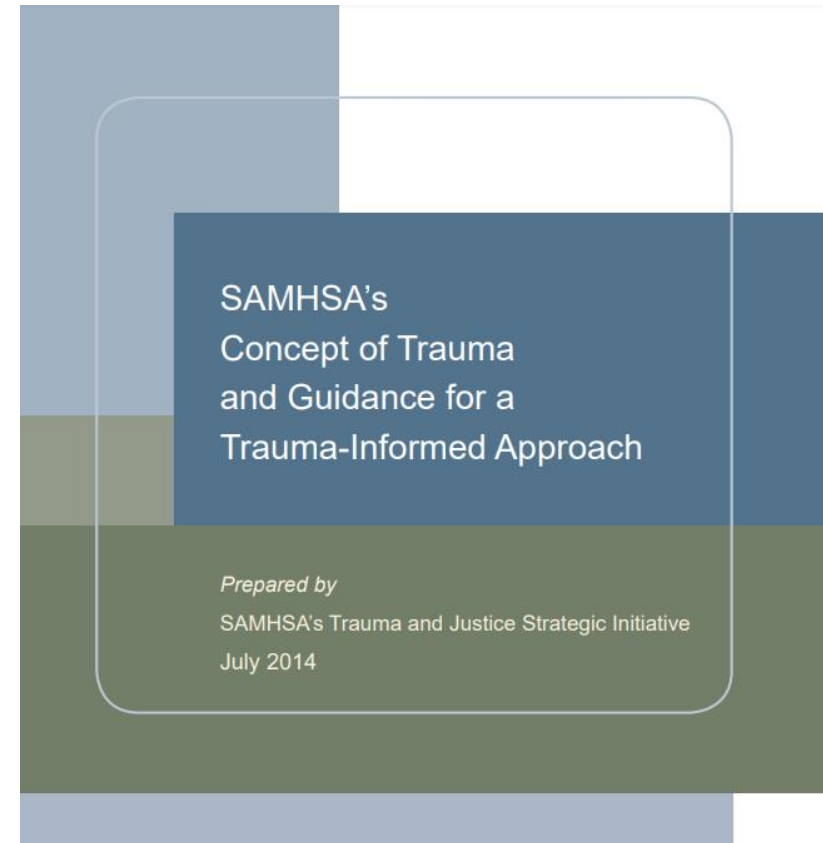
COVID-19 vaccination has been studied carefully in children. The U.S. Food and Drug Administration (FDA), Centers for Disease Control and Prevention (CDC), and



External Resources

- SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach:

<https://store.samhsa.gov/sites/default/files/d7/priv/sma14-4884.pdf>



Reimbursement Resources

■ CMS

- Medicaid Early and Periodic Screening Diagnostic and Treatment benefit covers vaccination counseling for eligible children under age 12 years on Medicaid: <https://www.medicaid.gov/federal-policy-guidance/downloads/sho22002.pdf>
- Has a code for adult patient vaccination counseling when counseling is done but a vaccine is not administered
- Refer to CMS for CPT codes: https://www.cms.gov/medicare/fraud-and-abuse/physicianselfreferral/list_of_codes

- **Individual private insurance companies can be referenced to determine if/what CPT codes exist for vaccination counseling**

Self-Knowledge Check

- **Which of the following is NOT a recommended approach to communicating with patients about vaccination?**
 - A. Presumptive
 - B. Motivational
 - C. Participatory
 - D. Restorative

Self-Knowledge Check

- **Which of the following is NOT a recommended approach to communicating with patients about vaccination?**
 - C. Participatory

The participatory approach presents a patient with a decision to make. Research has shown this approach is less effective than the presumptive approach.

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

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To Ask a Question

- Using the Zoom Webinar System
 - Click on the “Q&A” button
 - Type your question in the “Q&A” box
 - Submit your question
- If you are a patient, please refer your question to your healthcare provider.
- If you are a member of the media, please direct your questions to CDC Media Relations at 404-639-3286 or email media@cdc.gov

Continuing Education

- All continuing education for COCA Calls is issued online through the CDC Training & Continuing Education Online system at <https://tceols.cdc.gov/>.
- Those who participate in today's COCA Call and wish to receive continuing education please complete the online evaluation by **January 16, 2023**, with the course code **WC4520-121322**. The access code is **COCA121322**.
- Those who will participate in the on-demand activity and wish to receive continuing education should complete the online evaluation between **January 17, 2023**, and **January 17, 2025**, and use course code **WD4520-121322**. The access code is **COCA121322**.
- Continuing education certificates can be printed immediately upon completion of your online evaluation. A cumulative transcript of all CDC/ATSDR CEs obtained through the CDC Training & Continuing Education Online System will be maintained for each user.

Today's COCA Call Will Be Available to View On-Demand

- **When:** A few hours after the live call ends*
- **What:** Video recording
- **Where:** On the COCA Call webpage
https://emergency.cdc.gov/coca/calls/2022/callinfo_121322.asp
- **Sign up to receive future COCA Call Announcements and other timely information:**
<https://emergency.cdc.gov/coca/subscribe.asp>

**A transcript and closed-captioned video will be available shortly after the original video recording posts at the above link.*

Upcoming COCA Call & Additional Resources

- Join us for our next [COCA Call](#), Tuesday, December 20 at 2 PM ET.
 - Topic: Ebola: Clinical Presentation, Evaluation, and Infection Prevention
- Continue to visit <https://emergency.cdc.gov/coca/> to get more details about upcoming COCA Calls.
- Subscribe to receive notifications about upcoming COCA calls and other COCA products and services at emergency.cdc.gov/coca/subscribe.asp.

Join Us on Facebook



The screenshot shows the Facebook profile for 'CDC Clinician Outreach and Communication Activity - COCA'. The profile picture features a group of diverse healthcare professionals. The cover photo shows a group of six smiling people, including a woman in blue scrubs, a woman in a black blazer with a stethoscope, a man in a white lab coat, and others. The page includes a navigation menu on the left with options like 'Home', 'About', 'Posts', 'Photos', 'Events', and 'Community'. The main content area shows a 'Status' section with a text input field and a 'Posts' section with a recent event announcement: 'Clinicians, you can earn FREE CE with this COCA Call! Join us for this COCA Call November 7, 2017 at 2:00PM.' The right sidebar displays 'Government Organization in Atlanta, Georgia', 'Community' statistics (21,420 likes, 21,217 followers), and an 'About' section with a map.

<https://www.facebook.com/CDCClinicianOutreachAndCommunicationActivity>

Thank you for joining us today!



<https://emergency.cdc.gov/coca/>

Back-up Slides for Questions

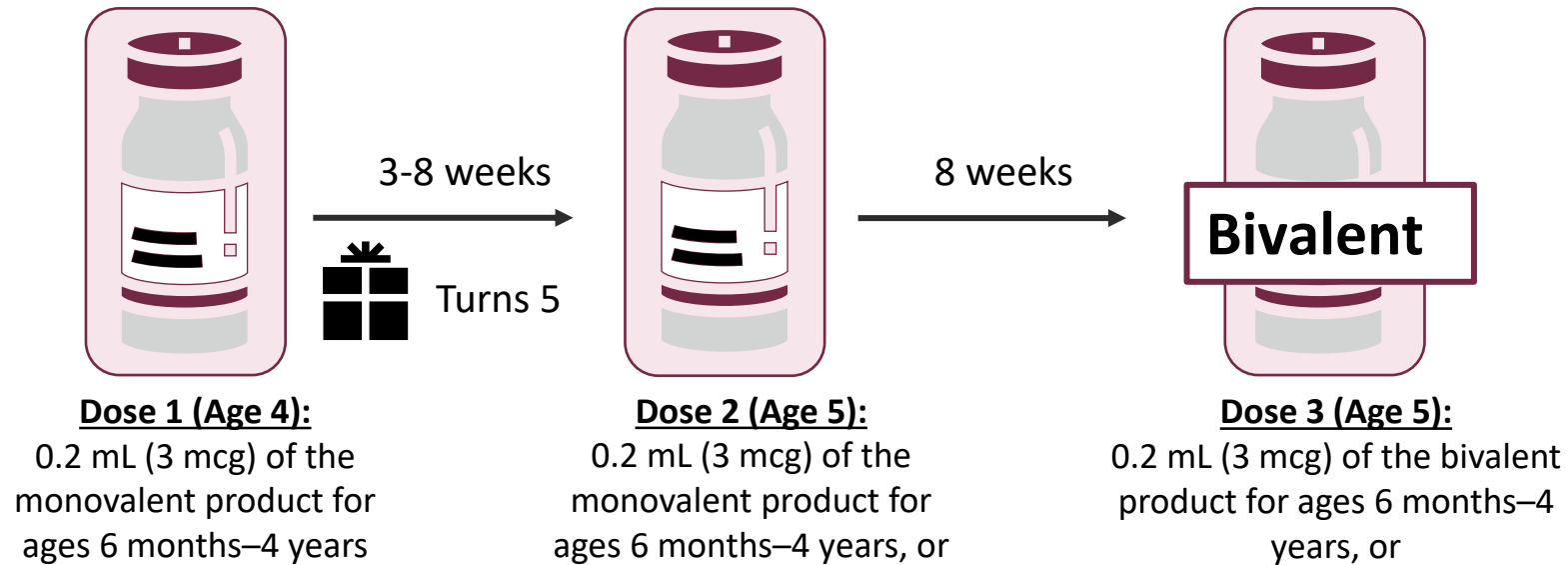
Pfizer-BioNTech:

Children Aging 4 to 5 Years During the Primary Series

- **FDA emergency use authorization (EUA) requires children who will turn from age 4 years to 5 years during the primary series to complete the series they start, either:**
 - The 3-dose primary series recommended for children ages 6 months–4 years or
 - The 2-dose primary series recommended for children ages 5 months–11 years
- **Because no other dosing options are authorized for this age transition, CDC's standard guidance to administer the age-appropriate vaccine product and dosage based on age on the day of vaccination does NOT apply.**

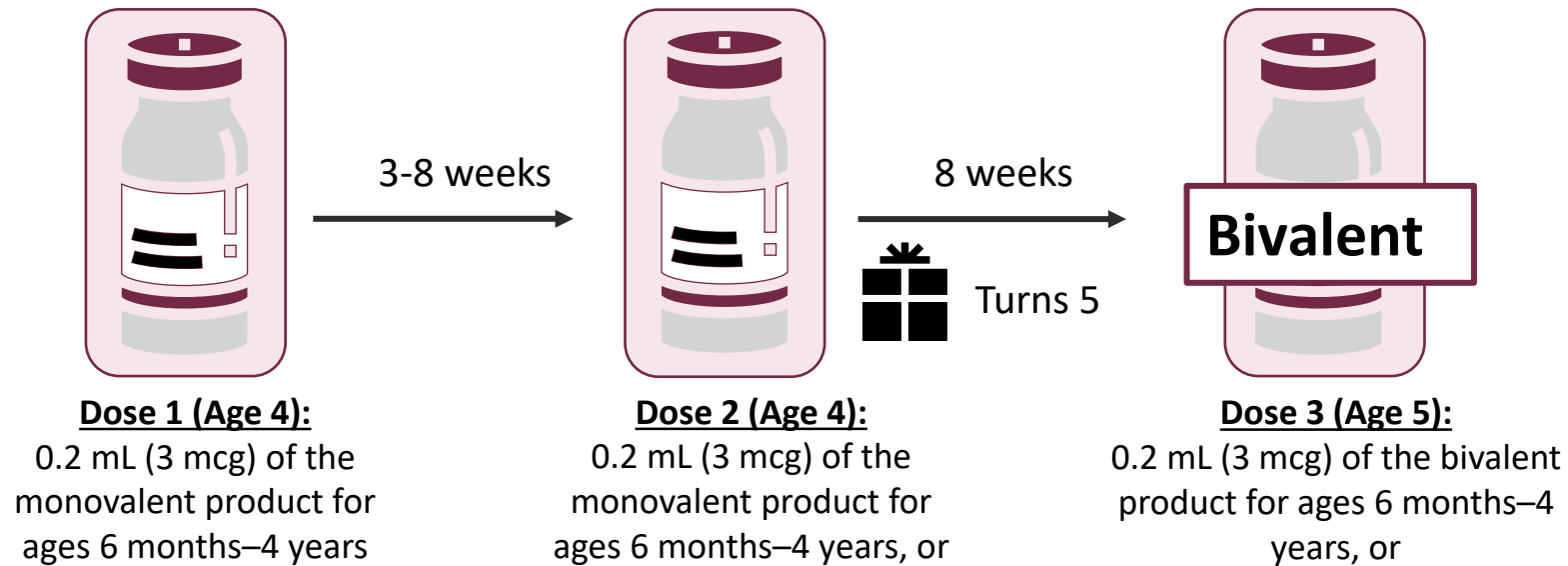
Pfizer-BioNTech: Children Aging 4 to 5 Years During the Primary Series

Scenario 1: If a 3-dose series is initiated, it must be completed, even if a child ages up between doses 1 and 2.



Pfizer-BioNTech: Children Aging 4 to 5 Years During the Primary Series

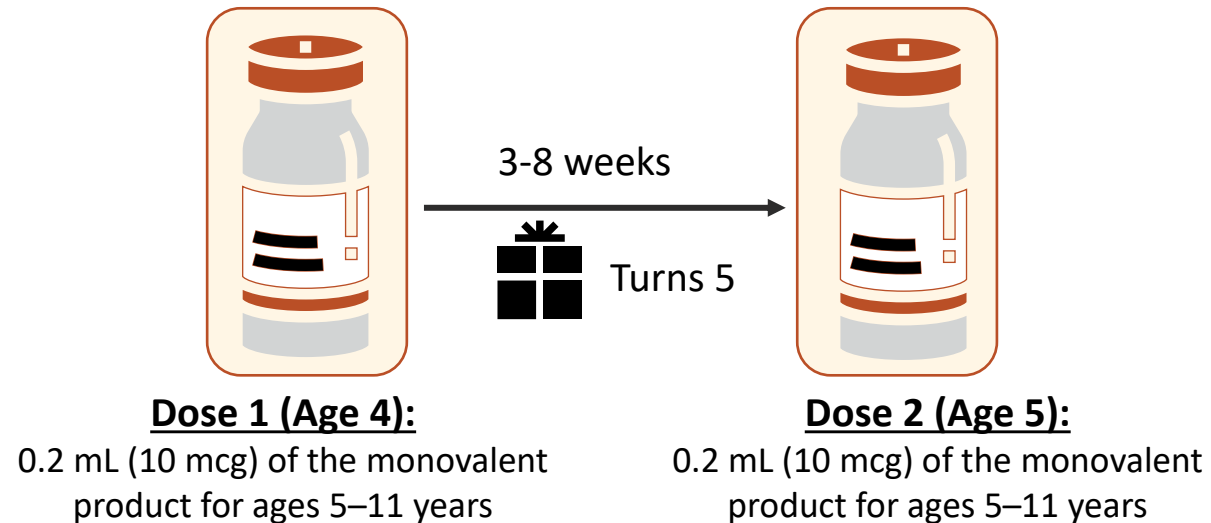
Scenario 2: If a 3-dose series is initiated, it must be completed, even if a child ages up between doses 2 and 3.



Pfizer-BioNTech:

Children Aging 4 to 5 Years During the Primary Series

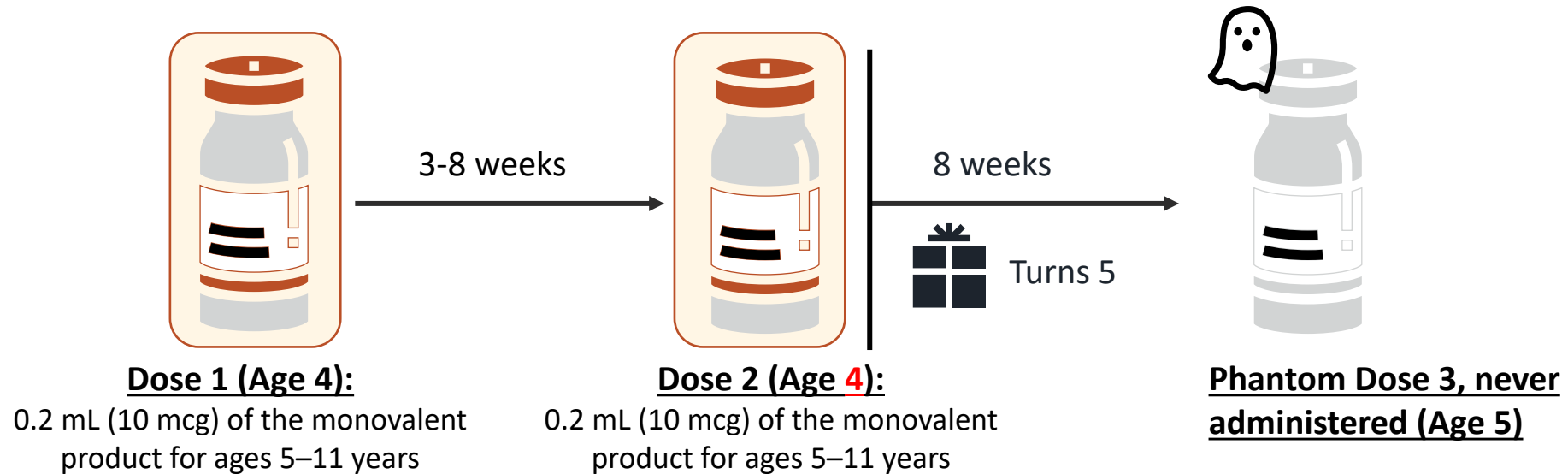
Scenario 3: If a 2-dose primary series is initiated, it must be completed using the product for people ages 5–11 years (orange cap)



Pfizer-BioNTech:

Children Aging 4 to 5 Years During the Primary Series

Scenario 4: If a 2-dose primary series is initiated, it must be completed using the product for people ages 5–11 years (orange cap)



Pfizer-BioNTech:

Children Aging 4 to 5 Years After the Primary Series

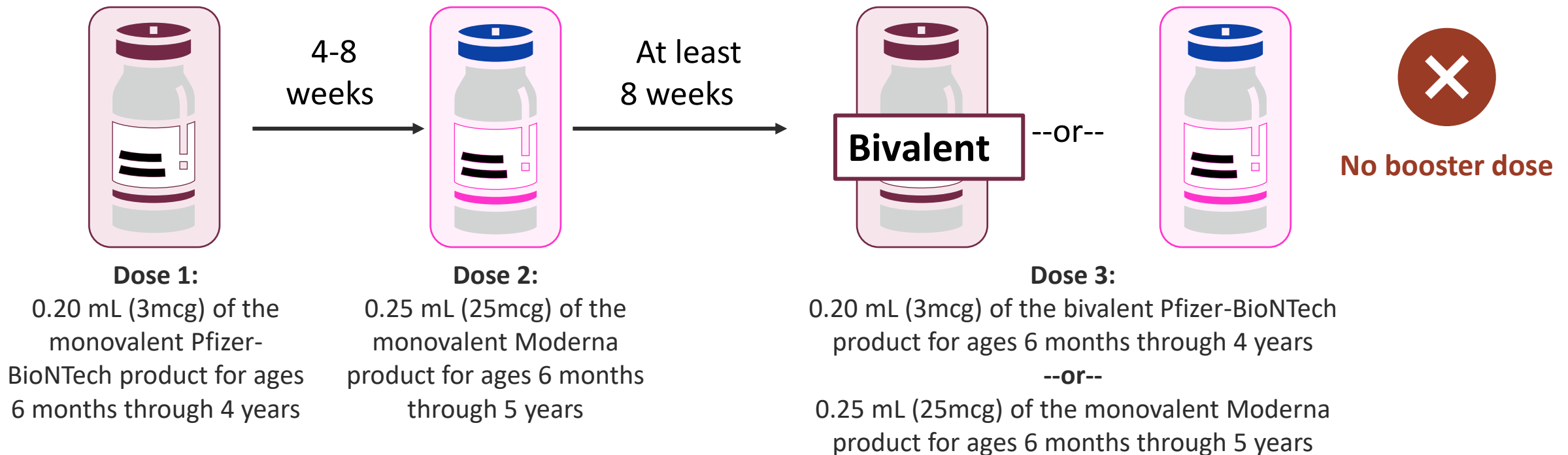
- Can a child who completes a Pfizer-BioNTech primary series at ages 6 months–4 years get a booster dose when they turn age 5 years?
- Yes. The child should receive 1 bivalent Pfizer-BioNTech booster dose when they turn age 5 years, and it has been at least 2 months since completing their primary series.
- The child can get the bivalent booster dose regardless of whether the third primary series dose was a monovalent or bivalent Pfizer-BioNTech vaccine.

Children Transitioning from a Younger to Older Age Group who **ALREADY** Received a Bivalent Booster Dose

- Only 1 bivalent booster dose total is currently authorized.
- Children transitioning from a younger to older age group who have already received 1 bivalent booster dose CANNOT get a second bivalent booster dose.
- Example: A child age 5 years received the Moderna primary series and Moderna bivalent booster. When this child turns age 6 years, they do not get another bivalent booster. Once a child receives 1 bivalent booster dose, no additional booster doses are indicated at this time.

Mixed Series For Children Ages 6 Months–4 Years

- Children ages 6 months–4 years who receive different mRNA products for the first 2 doses of an mRNA COVID-19 vaccine series should follow a 3-dose schedule. A third dose of either a monovalent Moderna vaccine or a bivalent Pfizer-BioNTech vaccine should be administered at least 8 weeks after the second dose to complete the 3-dose primary series. These children are currently not eligible for a booster dose.

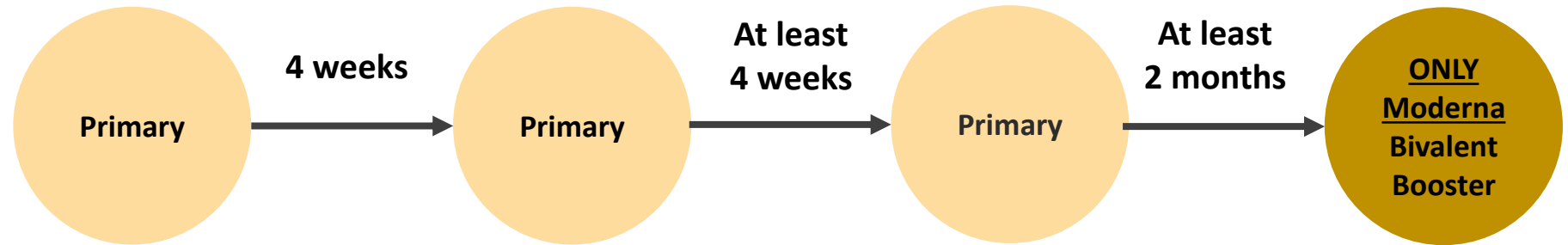




Pediatric Schedule: Ages 6 months–4 Years (Moderately or Severely Immunocompromised)

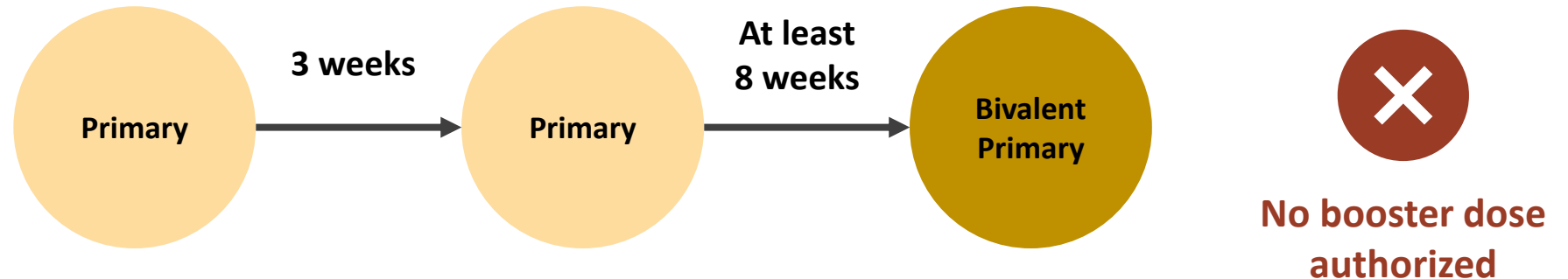
Ages 6 months– 4 years

(Primary Series:
Moderna)



Ages 6 months– 4 years

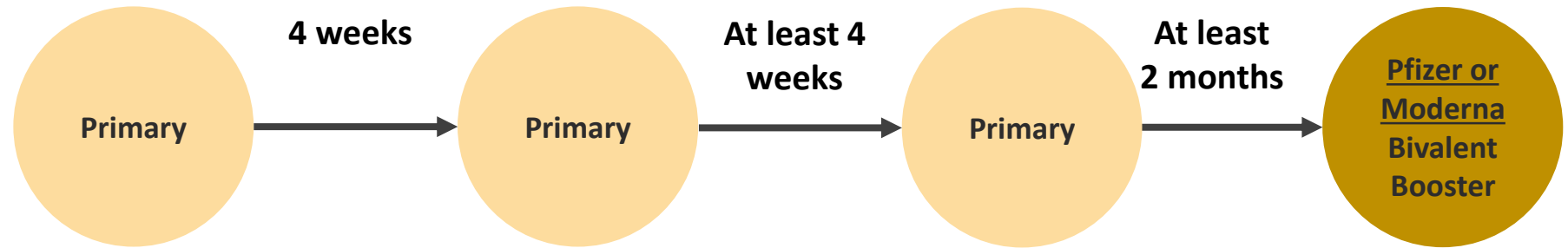
(Primary Series:
Pfizer-BioNTech)



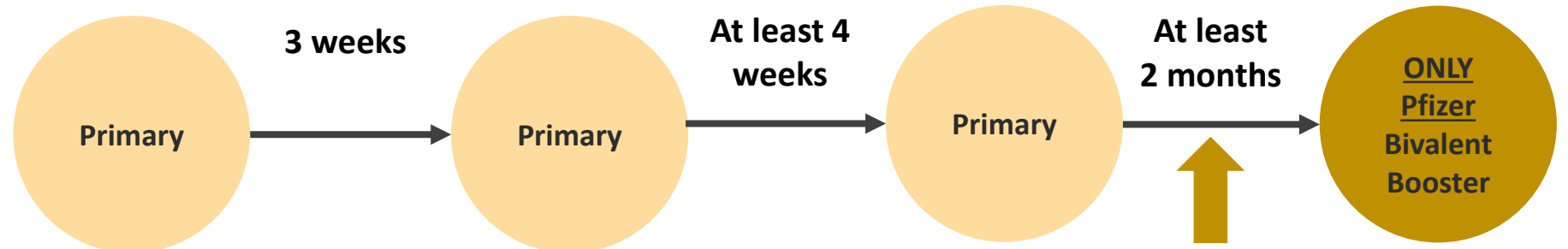


Pediatric Schedule: Age 5 Years (Moderately or Severely Immunocompromised)

Age 5 years
(Primary Series:
Moderna)



Age 5 years
(Primary Series:
Pfizer-BioNTech)

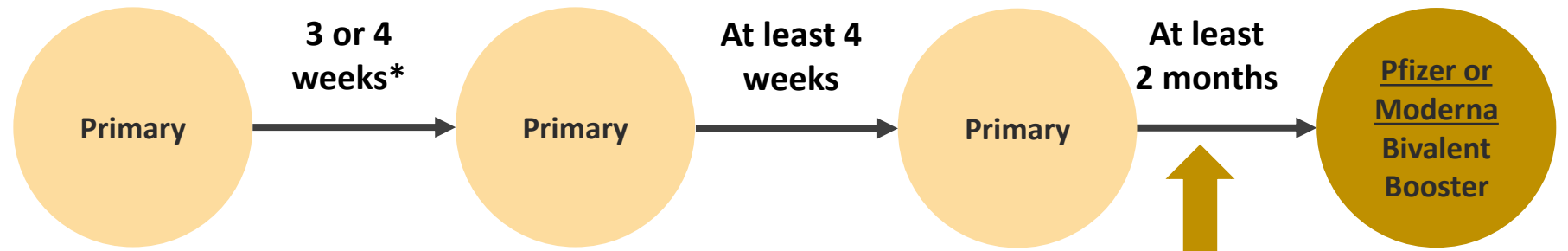


Regardless of previous monovalent booster doses given



Pediatric Schedule: Ages 6–11 Years (Moderately or Severely Immunocompromised)

Ages 6–11 years
(Primary Series:
Moderna or
Pfizer-BioNTech)



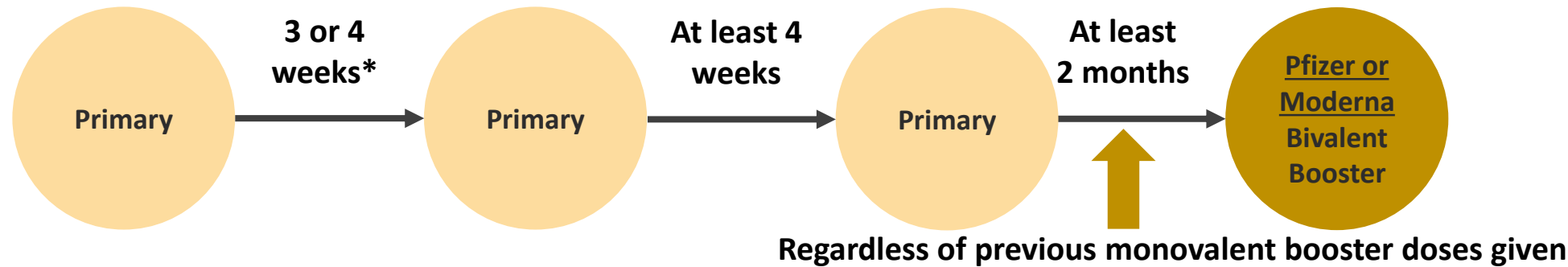
Regardless of previous monovalent booster doses given



Pediatric Schedule: Ages 12–17 Years (Moderately or Severely Immunocompromised)

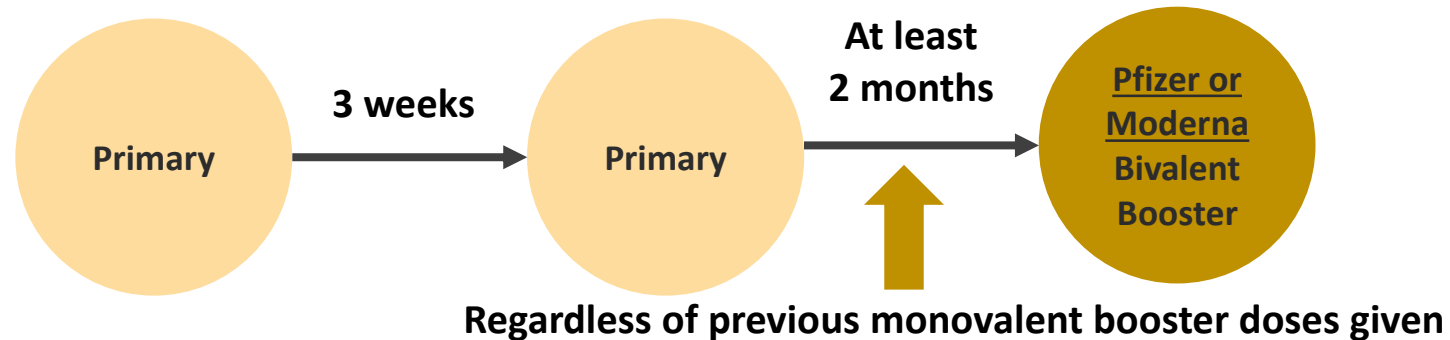
Ages 12–17 years

(Primary Series:
Moderna or
Pfizer-BioNTech)



Ages 12–17 years

(Primary Series:
Novavax)

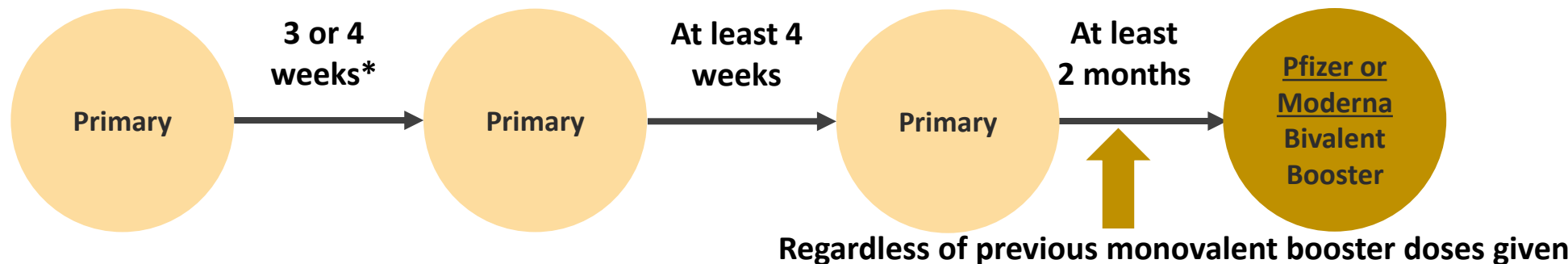




Adult Schedule: Ages 18 years and older (Moderately or Severely Immunocompromised)

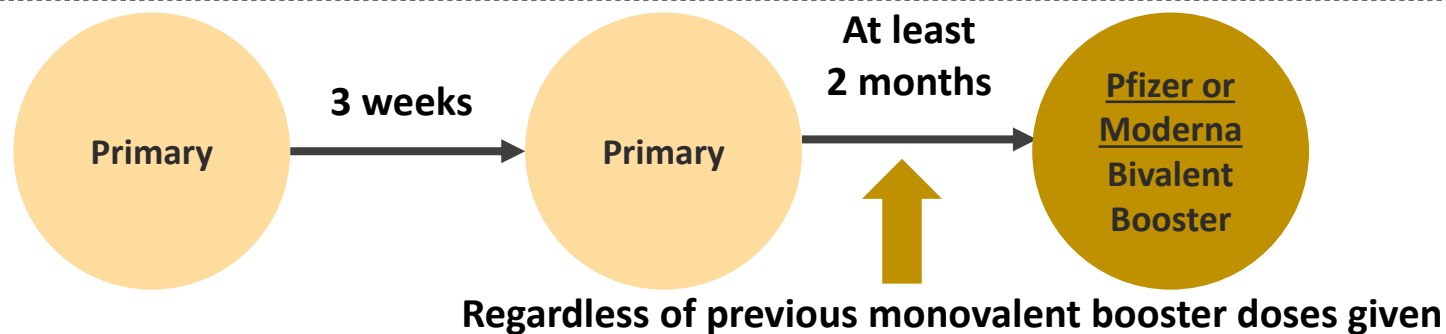
Ages 18 years and older

(Primary Series: Moderna or Pfizer-BioNTech)



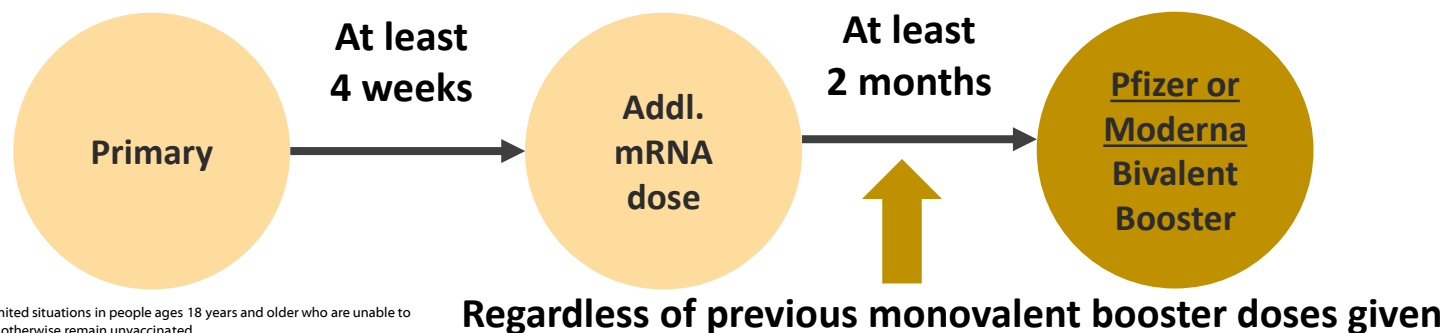
Ages 18 years and older

(Primary Series: Novavax)



Ages 18 years and older

(Primary Series: Janssen)

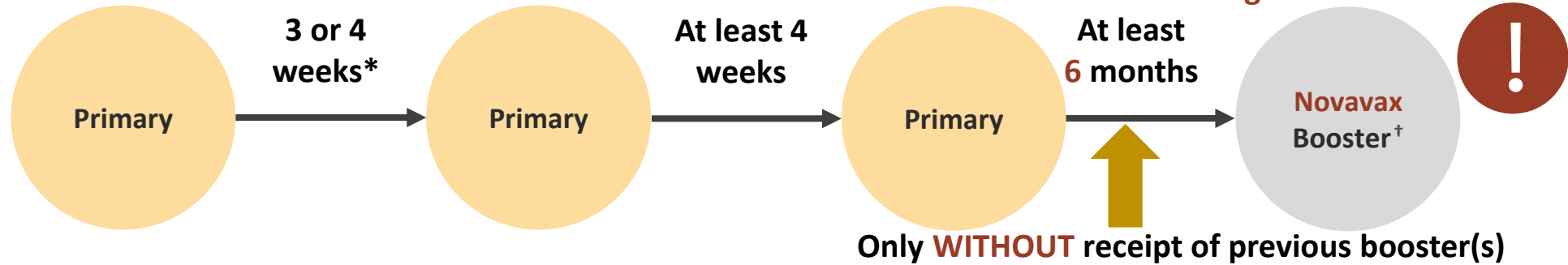


*3-week interval for Novavax and Pfizer-BioNTech; 4-week interval for Moderna
 † A monovalent Novavax booster dose (instead of a bivalent mRNA booster dose) may be used in limited situations in people ages 18 years and older who are unable to receive an mRNA vaccine (i.e., contraindicated) or unwilling to receive an mRNA vaccine and would otherwise remain unvaccinated
<https://www.cdc.gov/vaccines/covid-19/clinical-considerations/interim-considerations-us.html>

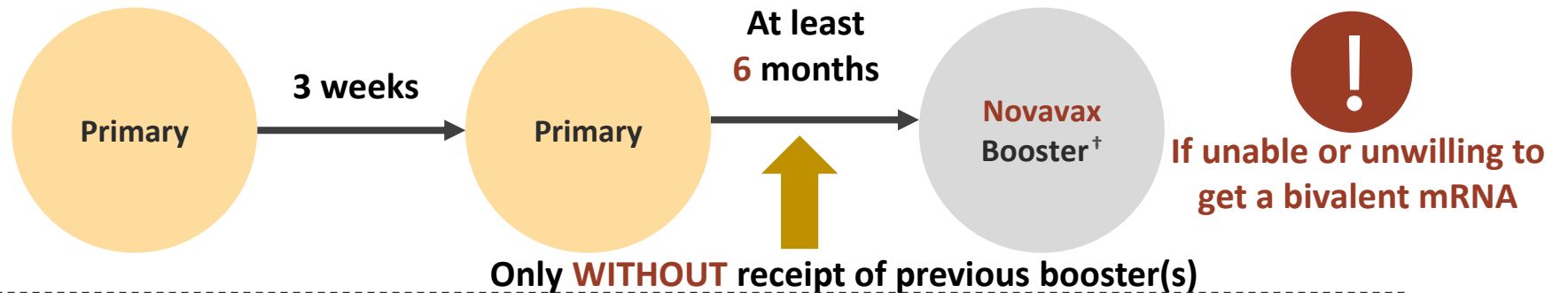


Adult Schedule: Ages 18 years and older (Moderately or Severely Immunocompromised)

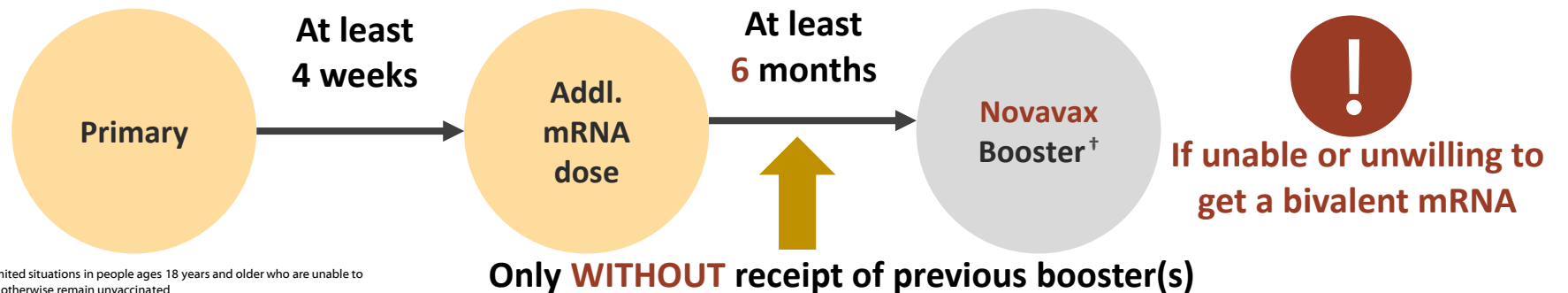
Ages 18 years and older
(Primary Series: Moderna or Pfizer-BioNTech)



Ages 18 years and older
(Primary Series: Novavax)



Ages 18 years and older
(Primary Series: Janssen)



*3-week interval for Novavax and Pfizer-BioNTech; 4-week interval for Moderna
† A monovalent Novavax booster dose (instead of a bivalent mRNA booster dose) may be used in limited situations in people ages 18 years and older who are unable to receive an mRNA vaccine (i.e., contraindicated) or unwilling to receive an mRNA vaccine and would otherwise remain unvaccinated
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