



## The COVID-19 Vaccine: Communicating with Patients

### ABSTRACT

The COVID-19 pandemic has challenged providers and patients in several ways. The news of a vaccine has sparked both hope and doubt among our communities. Healthcare providers are in optimal positions to educate patients about the COVID-19 vaccine, and to dispel myths. This article aims to provide quick facts about the vaccine, tips to navigate around vaccine hesitancy, and resources to share with patients.

**KEYWORDS:** COVID-19, vaccine, pandemic, resilience



Physicians have long navigated the issue of vaccine hesitancy in healthcare settings—and in the current pandemic of COVID-19, this is no different. Since the pandemic became a forefront issue in early 2020, the question of when a vaccine would be available was continuously raised. Now, in December 2020, a vaccine has been developed—and vaccination has begun. It is therefore no surprise that a major issue physicians now face is addressing vaccine hesitancy with the COVID-19 vaccine. This article aims to inform physicians of the ‘quick facts’ they need to know about the COVID-19 vaccine, how to communicate this to patients, and strategies to utilize when faced with vaccine hesitancy.

When discussing vaccines with patients—especially new vaccines—it is important for healthcare providers to understand basic information about the vaccine. This includes what and for whom the vaccine is indicated for, who should NOT get the vaccine, the most common and most serious side effects, and how the vaccine is administered. The government of Ontario has released several documents that outline this information, along with the Pfizer-BioNTech vaccine monograph. These can be found on the Ministry of Health’s COVID-19 Information Page (<https://covid-19.ontario.ca/covid-19-vaccines-ontario>).



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<b>Figure 1: Summary of information related to the COVID-19 vaccine</b>			
Very common side effects	May affect more than 1 in 10 people	<ul style="list-style-type: none"> <li>• Pain at injection site (84.1%)</li> <li>• Fatigue (62.9%*)</li> <li>• Headache (55.1%*)</li> <li>• Muscle pain (38.3%*)</li> </ul>	<ul style="list-style-type: none"> <li>• Chills (31.9%*)</li> <li>• Joint pain (23.6%*)</li> <li>• Fever (14.2%*)</li> </ul>
Uncommon side effects	May affect up to 1 in 100 people	Enlarged lymph nodes (0.008%**)	

Figure 1 contains a summary of the above information related to the COVID-19 vaccine. This information can be adapted to conversations with patients.

1. What is the COVID-19 vaccine? How is it administered?
  - The Pfizer-BioNTech vaccine is an intramuscular (IM) vaccine that has an approximate 95% effectiveness against protecting from COVID-19
  - It is approved for use in patients older than 16 years of age
  - It is given in 2 doses, the second dose 21 days (3 weeks) after the first
2. What are the side effects of the vaccine?

The following figure is taken from the Ministry of Health’s Ontario COVID-19 vaccine document.

*Important to note from the above figure is that the most common side effects are what we would expect from other vaccines that have been used for decades. Pain at the injection site is tempo-*

*rory, and strategies can be used to decrease or alleviate this incidence (ex. analgesia, injecting at a 90-degree angle, distraction, etc.). Chills, fever, and myalgias usually resolve within 2-7 days. Of course, it is important to caution patients that if they experience severe side effects, symptoms (ex. high fever) that are not resolving, or are concerned, they are to seek medical attention immediately.*

Side effects are usually more prominent after the second dose of the vaccine.

3. How does the vaccine protect against COVID-19?
  - vaccines work by mimicking a mild infection to our immune systems. This triggers our immune system to ‘learn’ how to arm itself to protect against an infection if exposure happens in the future
  - The Pfizer-BioNTech vaccine uses messenger RNA (mRNA) to do this. mRNA is like a code that signals the body to make a piece of the outer lining of the COVID-



19 virus. This does not harm you, but it DOES stimulate your immune system to recognize the virus, and be prepared to fight it

- NOTE: you cannot get COVID-19 from the vaccine!

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**IT IS IMPORTANT TO NOTE—AND INFORM PATIENTS—THAT EVEN WITH BEING VACCINATED, SOCIAL DISTANCING, WEARING A MASK, AND WASHING HANDS IS STILL NECESSARY.**

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4. Who should NOT get the vaccine?
  - anyone with severe previous reactions (ex. anaphylaxis) to the vaccine
  - anyone with allergies to components in the vaccine. See the monograph for full details. Perhaps the most common allergic component in the vaccine is polyethylene glycol, which can be commonly found in cosmetics, laxatives, and cough syrups.
  - active severe respiratory illnesses
  - immunosuppressed patients
  - anyone under 16 years old
  - pregnant and breastfeeding patients
5. Can I get the flu shot (or any other vaccine) at the same time as the COVID-19 vaccine?

- You should wait at least 28 days after getting the second dose of the COVID-19 vaccine before you get another vaccine (i.e. this means that the COVID-19 vaccine should NOT be given simultaneously with any other vaccine)
- You should wait 14 days AFTER getting another vaccine before you get the COVID-19 vaccine

With reports that the vaccine 95% effective against the virus, it is quite reasonable to expect that many people would be optimistic about receiving this vaccine. The pandemic has caused uncertainty, changes, and challenges to all of us—hence, presumably, many patients are excited and hopeful that the vaccine will return some sense of normalcy to our lives. However, it is important to note—and inform patients—that **even with being vaccinated, social distancing, wearing a mask, and washing hands is still necessary**. A vaccine ‘fact sheet’ is available from <https://www.fda.gov/media/144414/download>, and can be given to patients after they receive the COVID-19 vaccine.

Even with the information above—and with the hope that the vaccine will provide protection from COVID-19 and one day lead to a reduction in the number of cases and deaths from this virus, there will of course be individuals who are hesitant to



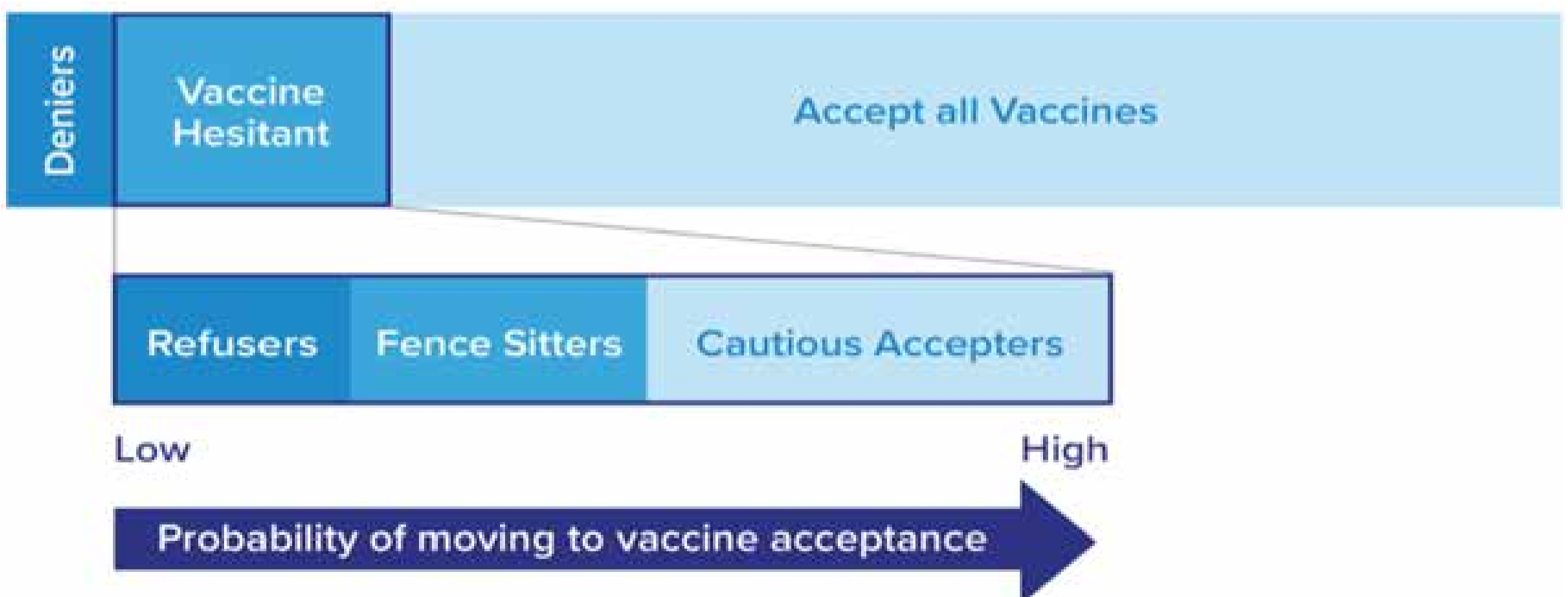
take the vaccine. There will also be individuals who question how they can ‘trust’ a vaccine that has been made and approved so quickly (note: With regards to the approval process, Health Canada has an excellent infographic and explanation process for those who are curious about the detailed steps taken to approve and expediate the vaccine).

Figure 2 is a graphic from the OMA Vaccine Hesitancy ToolKit that highlights the different ‘groups’ or ‘schools of thought’ around vaccine acceptance. As can be seen, there are ‘refusers’ who will likely not accept the vaccine, regardless of the evidence or encouragement that providers give. There are also ‘cautious accepters’, who are more likely to accept and take the vaccine. Lastly, there are people along the spectrum who are dubbed ‘fence

sitters’, which means that they may need additional information or encouragement to accept the vaccine—and this may be enough to persuade them to take it.

Reviewing the above basic information about COVID-19 may be helpful in helping ‘fence sitters’ to accept the vaccine. Other helpful information might include basic information about COVID-19, including the symptoms, statistics such as how burdensome the virus has (and can be), etc. In addition, reframing the importance of the vaccine in terms of the protection it offers—not only to patients, but also in preventing the spread to friends, families, and community. Physicians should not underestimate the impact that these conversations can have on patient acceptance of vaccines—in fact, almost 80% of parents reported that conversations with their phy-

**Figure 2: Spectrum of Attitudes Towards Vaccines**



Graphic obtained from the OMA Vaccine Hesitancy ToolKit





sicians positively influenced their decisions to have their children vaccinated.

Certain strategies can be utilized to navigate situations when faced with patients who refuse to take the COVID-19 vaccine (or any vaccine). Patient-centered communication is critical. We ought to understand what patients know

about the COVID-19 virus and the vaccine, their concerns about the vaccine, etc. Dispelling myths is essential, and professional documentation of the discussions physicians have with their patients is important. Figure 3 depicts the 'ASK' approach that can be followed during these conversations (Acknowledge concerns, Steer your conversation, Knowledge-sharing - Available at: <http://immunizebc.ca/healthcare-professionals/immunization-communication/the-ask-approach>). Shared decision-making, empathy, and active listening are at the heart of these discussions. It is important to note, of course, that even in instances where patients still refuse to take the vaccine, physicians ought not to terminate the patient-physician relationship.

The COVID-19 vaccine, to date, appears to be safe and effective in navigating this pandemic. However, questions still remain. For example, the vaccine is yet to be tested on pregnant and breastfeeding patients, patients who are immunosuppressed, and patients less than 16 years old. We also don't have enough data to indicate whether patients will need to receive this vaccine annually—or how often, for that matter. As well, as the vaccine is new, we need additional time to collect data on just how effective the vaccine is at decreasing the number of new cases in





## SUMMARY OF KEY POINTS

The COVID-19 vaccine is available and indicated for most patients > 16 years old, in a 2-dose series (with 21 days between first and second dose)

There is a spectrum of 'vaccine hesitancy' among individuals. Tailoring conversations to patients is essential in helping to navigate discussions around receiving vaccines

Data shows that the COVID-19 vaccine is about 95% effective in preventing the virus, with side effects similar to 'routine' vaccines

It is the responsibility of healthcare providers to dispel myths about vaccines, and to empower patients to understand the importance of vaccination when indicated

communities. Other challenges, such as the extreme temperature required for storage, supply and demand issues, who should get priority in receiving the vaccine, if refusers will not be permitted to partake in activities (ex. travel, school and work attendance) etc. remain. While these uncertainties and questions are outstanding, this much is clear: the COVID-19 pandemic has affected each and every one of us in ways unimaginable. The promise of a vaccine that has the potential to decrease the burden and impact of the pandemic is a message of hope. As healthcare providers, it is our role to provide patients with evidence-based and patient-centered information that empowers them to take control of their health and work towards positive health outcomes—and this vaccine is no different.

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