

# Welcome to Talking with Parents about COVID-19 Vaccines for Children



March 24, 2023

12:00PM – 1:00PM



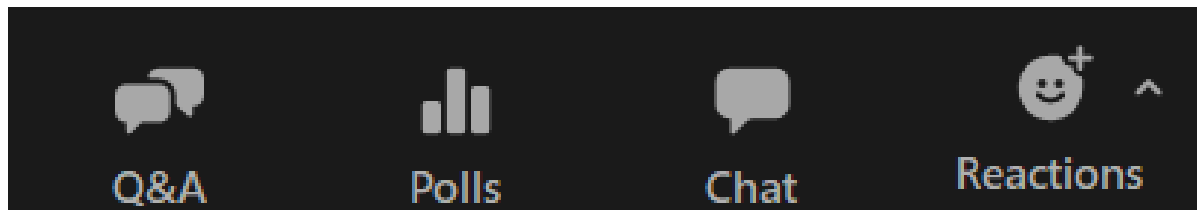
**Vaccinate ALL 58**

Together we can end the pandemic.



# Questions

**During today's session, please use the Q&A panel to ask your questions so CDPH subject matter experts can respond directly.**



**Resource links will be dropped into, "Chat"**

# Housekeeping



**For Attendees:** Please access today's slides through the following link: <https://eziz.org/covid/crucialconversations>



Please use “Q&A” to ask questions.

For post-webinar questions, contact [rachel.jacobs@cdph.ca.gov](mailto:rachel.jacobs@cdph.ca.gov)

# Webinar Objectives

- Understand why COVID-19 vaccination is important for children
- Understand recommendations for pediatric COVID-19 vaccination
- Improve confidence in having conversations with parents about COVID-19 vaccines



# Agenda: Friday, March 24, 2023

No.	Item	Speaker(s)	Time (PM)
1	Welcome	Rachel Jacobs (CDPH)	12:00 – 12:05
2	Talking with Parents about COVID-19 Vaccines for Children	Emma B. Olivera, MD, FAAP (#VacunateYa)	12:05 – 12:40
<b>Questions &amp; Answers</b>			12:40 – 12:55
3	Resources, Poll, and Wrap-Up	Rachel Jacobs (CDPH)	12:55 – 1:00

# Poll: CDPH Appreciates Your Feedback!

**How confident are you in your ability to speak effectively with parents about COVID-19 vaccines?**

- Very confident
- Confident
- Somewhat confident
- Slightly confident
- Not confident



# Talking with Parents about COVID-19 Vaccines for Children

Emma B. Olivera, MD, FAAP

#ThisIsOurShot #VacunateYa

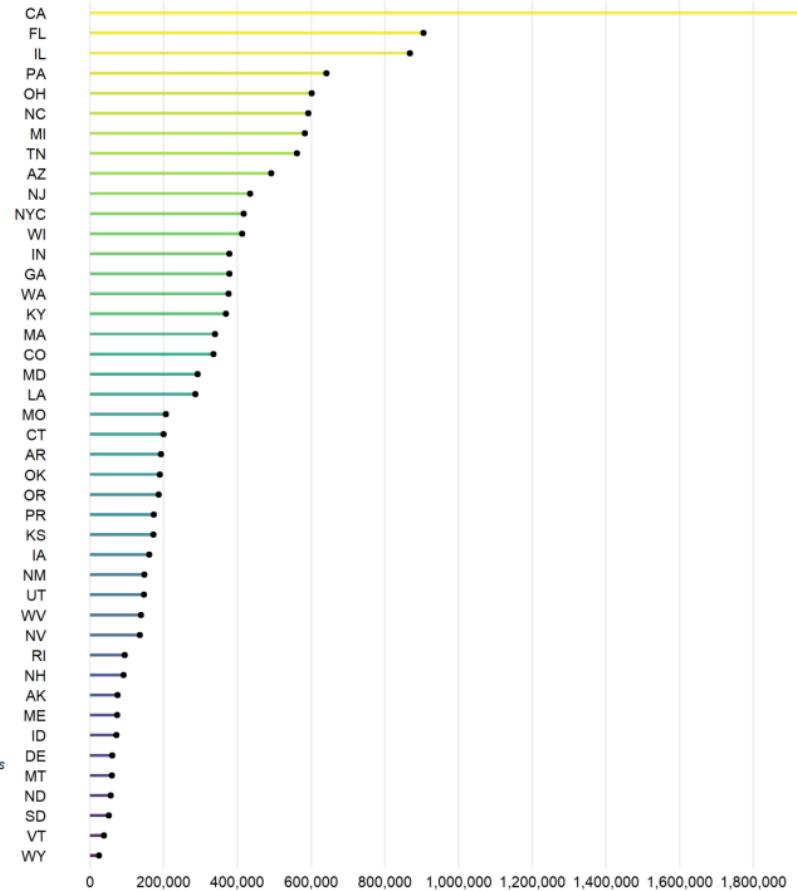


# COVID-19 Related Pediatric Cases and Deaths

Why we are still talking about this

**Fig 2. Cumulative Number of Child COVID-19 Cases: 3/9/23**

- 15,493,835 total child COVID-19 cases (cumulative)
- Among states reporting:
  - Eight states reported 500,000+ child cases
  - Two states reported fewer than 50,000 child cases



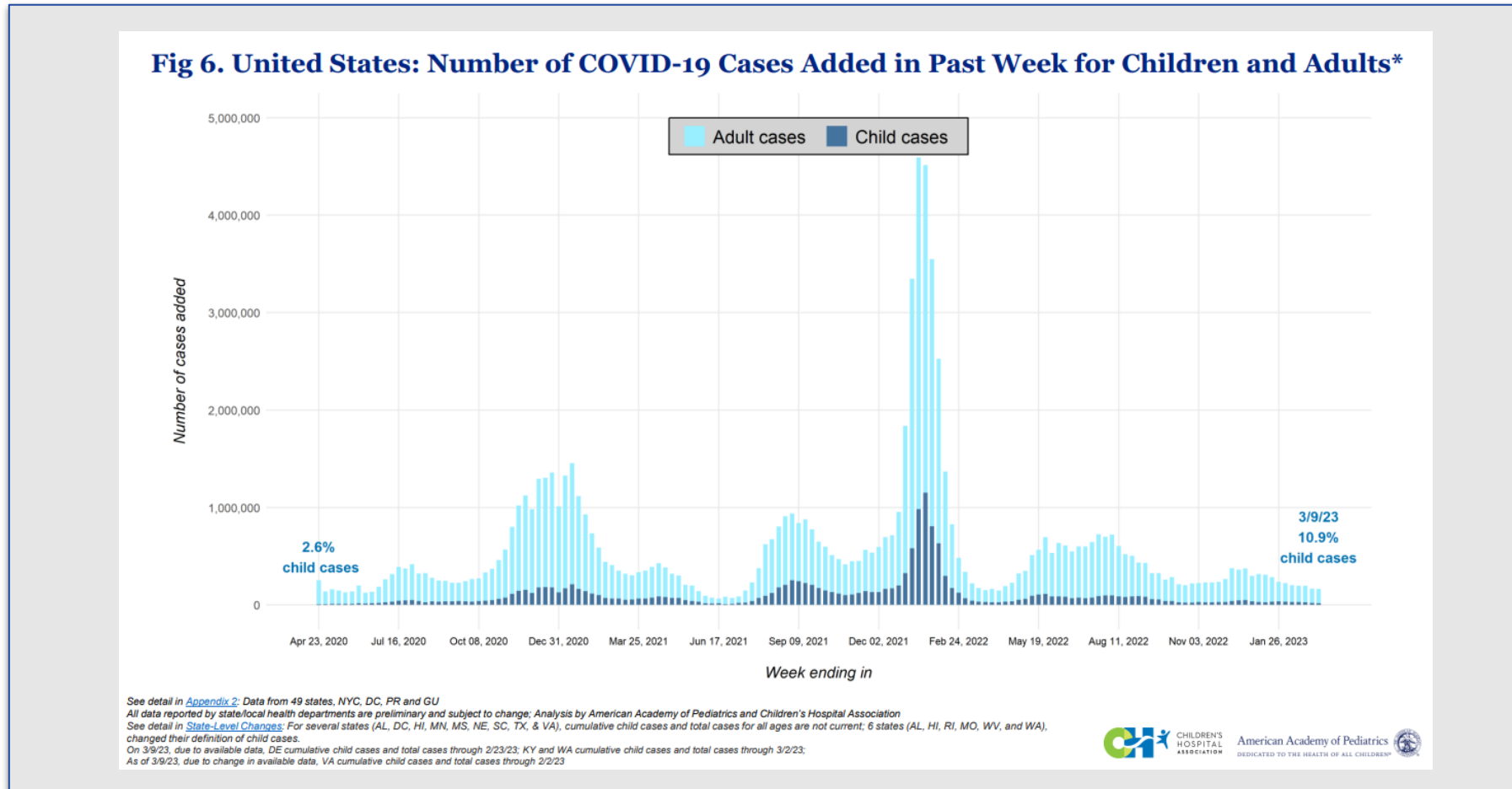
See detail in [Appendix 3A & 3B](#). Data from 42 states, NYC, & PR (See note below on states not included in figure)  
 All data reported by state/local health departments are preliminary and subject to change  
 Analysis by American Academy of Pediatrics and Children's Hospital Association  
 See detail in [State-Level Changes](#). For 8 states (AL, HI, DC, MS, SC, NE, MN, & VA), cumulative child cases and total cases for all ages are not current. These 7 states, TX, and GU are not included in the figure.  
 On 3/9/23, due to available data, DE cumulative child cases and total cases through 2/23/23; KY and WA cumulative child cases and total cases through 3/2/23;  
 As of 3/9/23, due to change in available data, VA cumulative child cases and total cases through 2/2/23





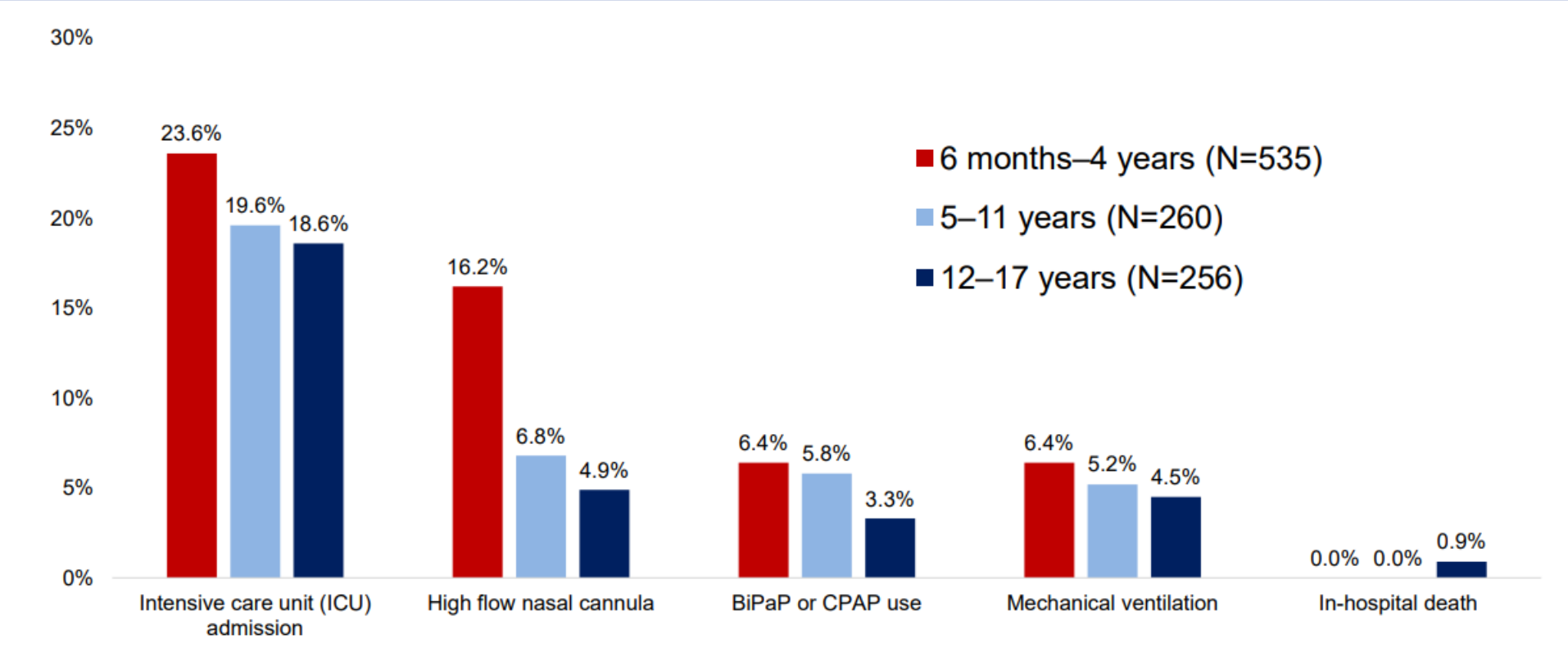
# COVID-19 Related Pediatric Cases

Why we are still talking about this



# Severity of COVID-19-Associated Hospitalization Among Children and Adolescents 6 months – 17 years

December 19, 2021 – March 31, 2022 (Omicron period)



# COVID-19 Related Pediatric Cases

## Multisystem Inflammatory Syndrome in Children (MIS-C)

- Condition where different internal and external body parts become inflamed, including the heart, lungs, kidneys, brain, skin, eyes, or gastrointestinal tract
- MIS-C and MIS-A Signs and Symptoms  
Ongoing fever PLUS more than one of the following:
  - Stomach pain
  - Bloodshot eyes
  - Diarrhea
  - Dizziness or lightheadedness (signs of low blood pressure)
  - Skin rash
  - Vomiting

# COVID-19 Related Pediatric Cases

## Multisystem Inflammatory Syndrome in Children (MIS-C) Cases in the United States

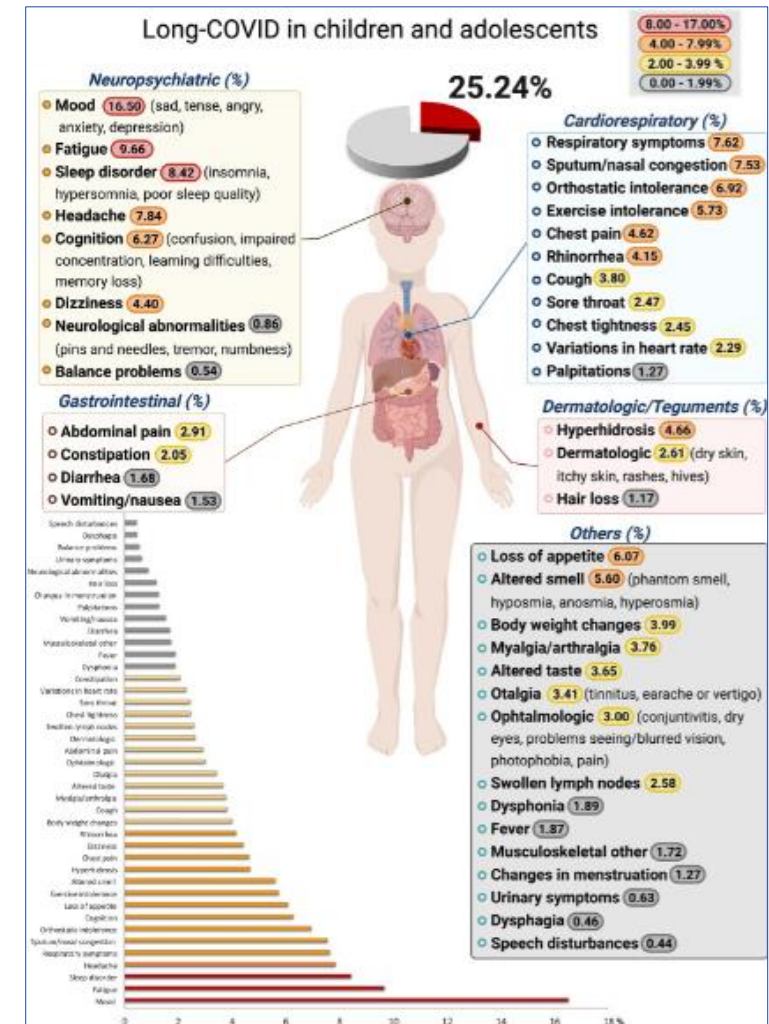
CDC-reported cases of MIS-C as of February 27, 2023:

- The median age of patients with MIS-C was 9 years. Half of children with MIS-C were between the ages of 5 and 13 years.
- 57% of the reported patients with race/ethnicity information available (N=8,846) occurred in children who are Hispanic/Latino (2,333 patients) or Black, Non-Hispanic (2,685 patients).
- 98% of patients had a positive test result for SARS CoV-2, the virus that causes COVID-19. The remaining 2% of patients had contact with someone with COVID-19.
- 60% of reported patients were male.

# COVID-19 Related Pediatric Cases

## Long COVID

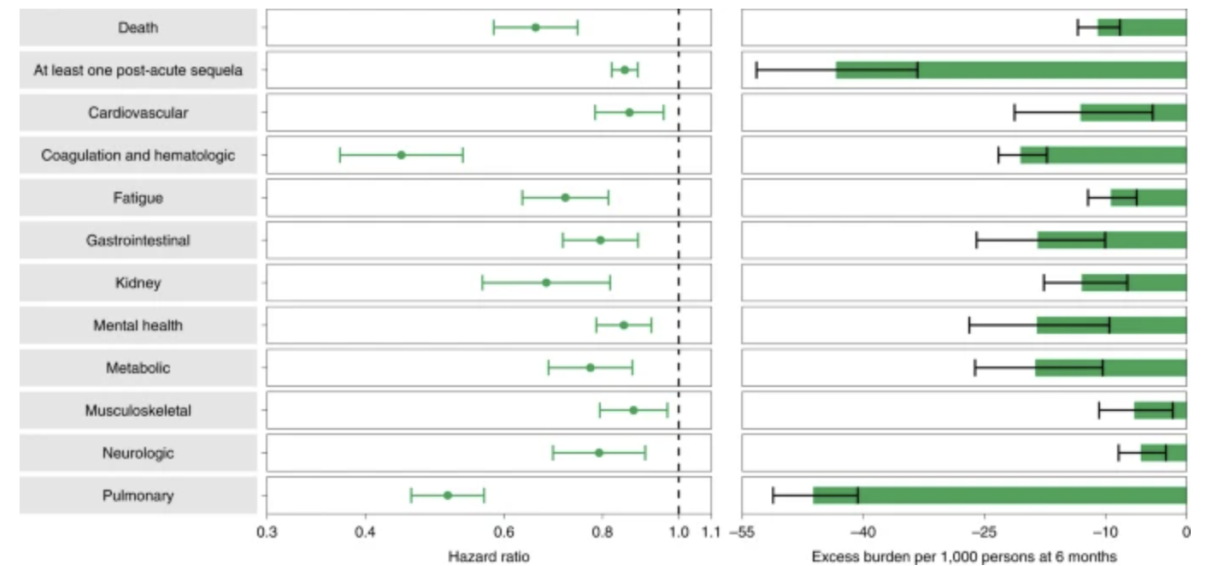
- Meta-analyses revealed that the prevalence of more than 40 long-COVID symptoms in children and adolescents
- The presence of one or more symptoms following a SARS-CoV-2 infection was **25.24%**.
- Most prevalent clinical manifestations were **mood symptoms (16.50%)**, **fatigue (9.66%)**, and **sleep disorders (8.42%)**.
- Children infected by SARS-CoV-2 had a higher risk of persistent dyspnea, anosmia/ageusia, and/or fever compared to controls.



# Vaccine Effectiveness Against Long COVID

- We are still learning about Long COVID in children. Children have reported ongoing respiratory, cardiac, neurologic, and other symptoms following COVID-19 infection.
- Research in adults suggests that people who are vaccinated against COVID-19 are less likely to develop Long COVID.

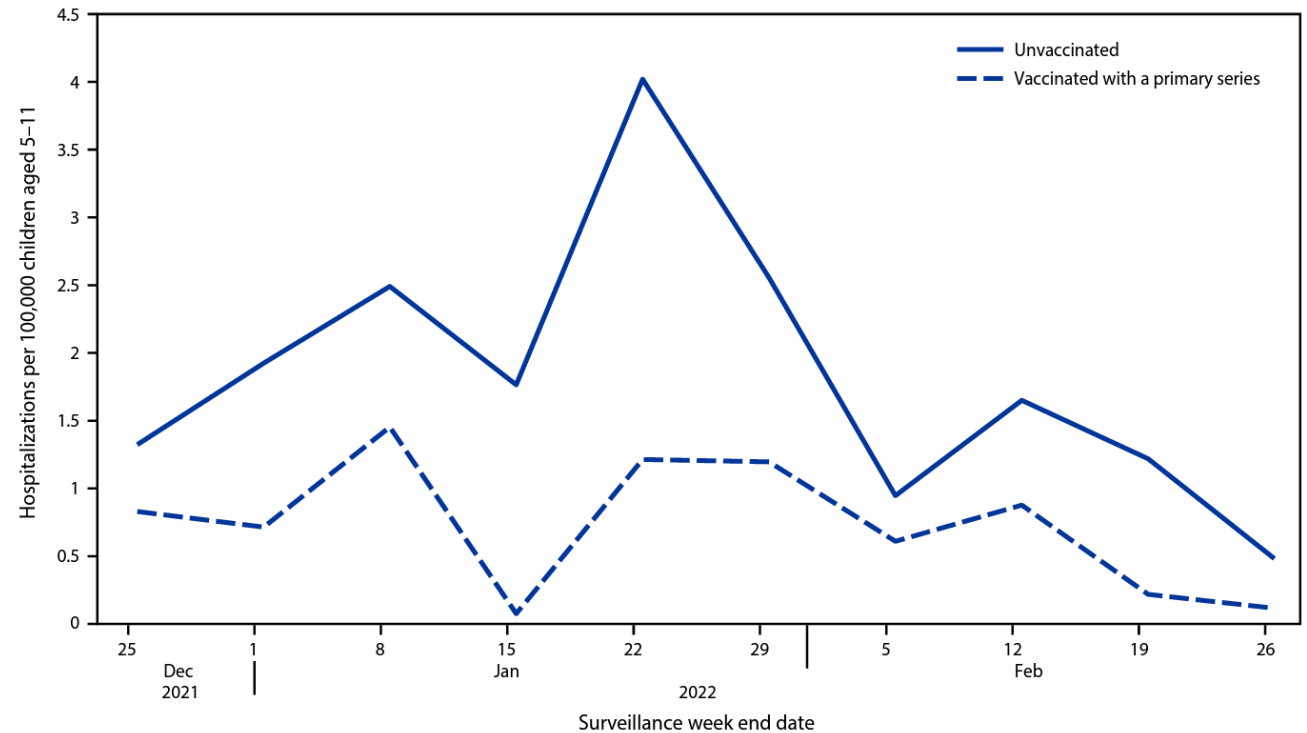
**Fig. 3: Risk and 6-month excess burden of post-acute sequelae in people with BTI compared to those with SARS-CoV-2 infection without prior vaccination.**



# Vaccine Effectiveness Against Hospitalization

During the Omicron period, unvaccinated children were more than **twice as likely** to be hospitalized for COVID.

FIGURE. Weekly COVID-19-associated hospitalization rates\* among children aged 5–11 years, by vaccination status† during the Omicron-predominant period — COVID-NET,§ 11 states, December 25, 2021–February 26, 2022



**Abbreviation:** COVID-NET = COVID-19–Associated Hospitalization Surveillance Network.

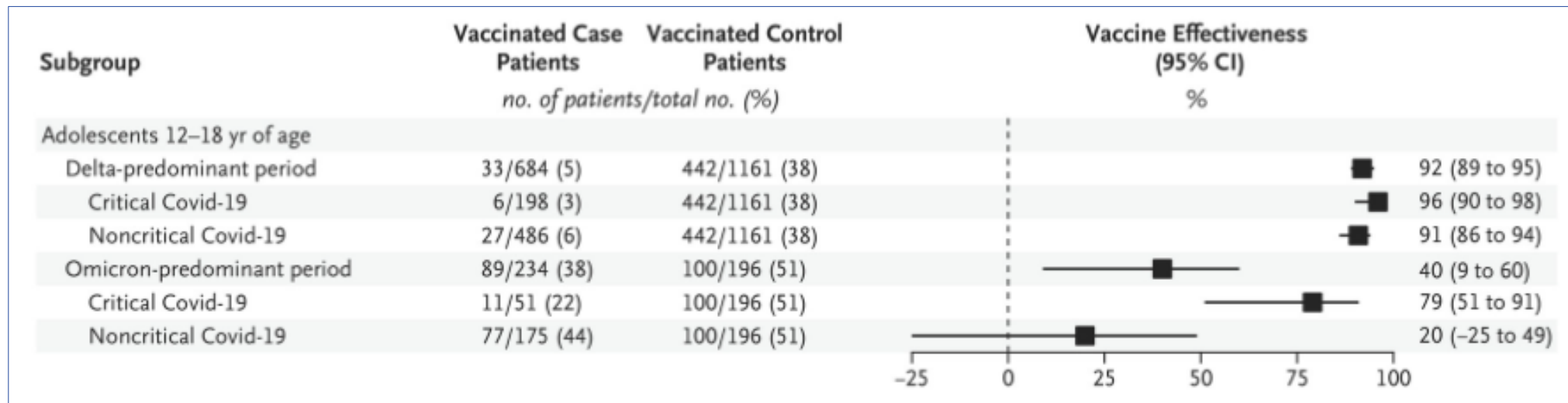
\* Number of children aged 5–11 years with laboratory-confirmed COVID-19–associated hospitalizations per 100,000 population; rates are subject to change as additional data are reported.

† Children who completed their primary COVID-19 vaccination series were defined as those who had received the second dose of a 2-dose series  $\geq 14$  days before receipt of a positive SARS-CoV-2 test result associated with their hospitalization.

§ COVID-NET sites during the period shown are in the following 11 states: California, Colorado, Connecticut, Georgia, Minnesota, New Mexico, New York, Ohio, Oregon, Tennessee, and Utah.

# Vaccine Effectiveness Against Hospitalization

Vaccination lowered the risk of critical COVID-19 hospitalization by 79% during the Omicron period.



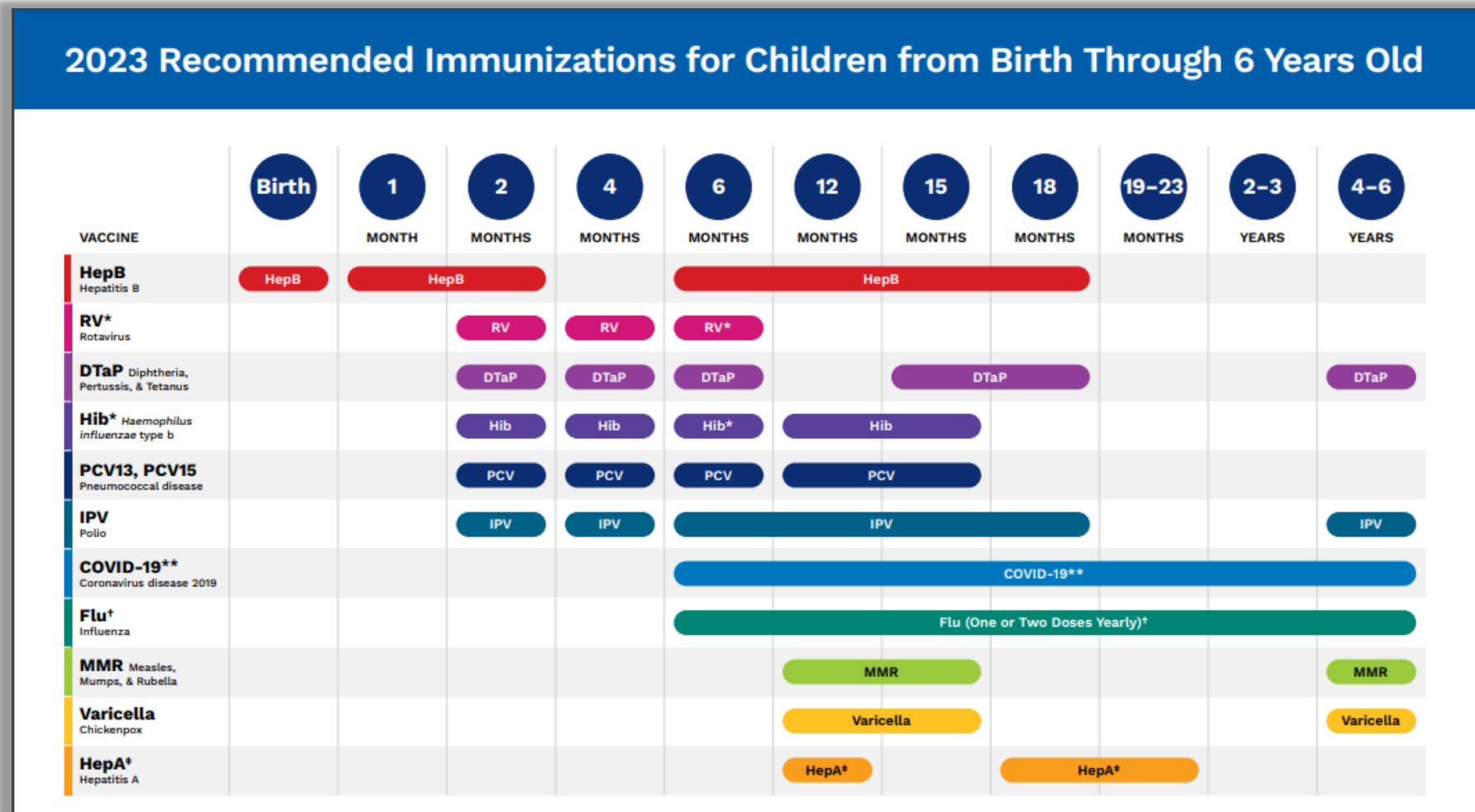


# Vaccine Effectiveness Against Multisystem Inflammatory Syndrome (MIS-C)

- Multisystem Inflammatory Syndrome in Children (MIS-C) is a serious condition that can happen in children after infection with COVID-19, even if they had mild symptoms or no symptoms at all.
  - The COVID-19 vaccine lowers the risk of MIS-C by 91%, according to data from July-December 2021.
  - In California, there were 1,048 reported cases of MIS-C, many of which were admitted to an ICU (as of 12/19).

# Vaccine Schedule

## Routine immunization schedule 2023



# Coadministration of COVID-19 Vaccines with other Vaccines

- In general, COVID-19 vaccines may be administered without regard to timing of other vaccines. This includes simultaneous administration of COVID-19 vaccine and other vaccines on the same day.
- In accordance with [general best practices](#), routine administration of all age-appropriate doses of vaccines simultaneously is recommended for children for whom no specific contraindications exist at the time of the healthcare visit.

## COVID-19 Vaccine Coadministration Tips



Routine and flu vaccines may be administered on the same day as COVID-19 vaccines.

### Considerations—What are the risks of:

- Missing recommended vaccines and catching COVID-19 or other vaccine-preventable diseases before the next appointment?
- Reactions from each vaccine?

### Organize syringes:

- Label each syringe with vaccine name, dosage, lot number, initials of the preparer, and the exact beyond-use time.
- Place syringes on a clean tray, grouping vaccines by administration site.

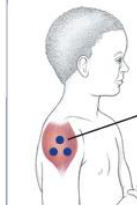
### Patient Care:

- When possible, administer the COVID-19 vaccine in a different arm from vaccines more likely to cause a local reaction (e.g., tetanus-toxoid-containing vaccines).
- Give the most painful injections last (e.g., MMR, HPV).
- If patient is anxious, try using these tips to ease anxiety during vaccination.
- After administration, observe patient for 15 minutes (30 minutes if at increased risk for anaphylaxis). Report any adverse events to VAERS.

### Examples for preteens and kids:



### Separate injection sites by 1 inch or more, if possible.



#### Administer COVID-19 vaccines by intramuscular (IM) injection.

##### Age: 3 years and older

- Site:** Deltoid muscle, above the level of the armpit
- Needle:** 1 inch, 22-25 gauge (1 1/2 inches for larger patients)
- Bunch up the muscle and insert entire needle at a 90° angle

Refer to CDC product info for administration steps by product.



##### Under 3 years

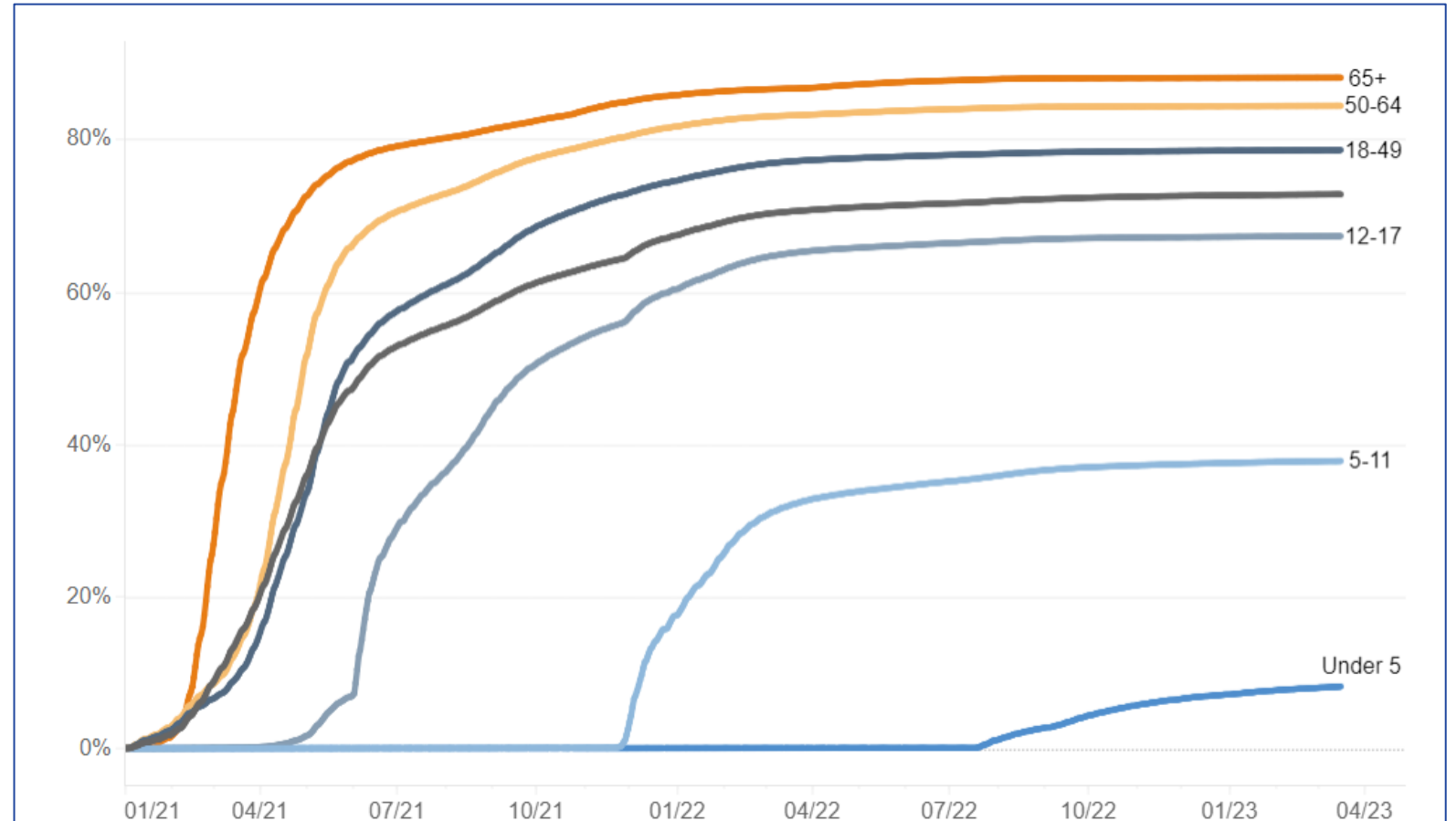
- Site:** Vastus lateralis muscle, in the anterolateral thigh (outside of the leg in the mid- to upper-thigh)
- Needle:** 1 inch, 22-25 gauge
- Bunch up the muscle and insert entire needle at a 90° angle



# California Vaccination Status by Age

As of May 17, 2023

- Only **8.1%** of children ages 6 months – 4 years have received their primary vaccination series.
- **37.7%** of children ages 5-11 have received their primary vaccination series.



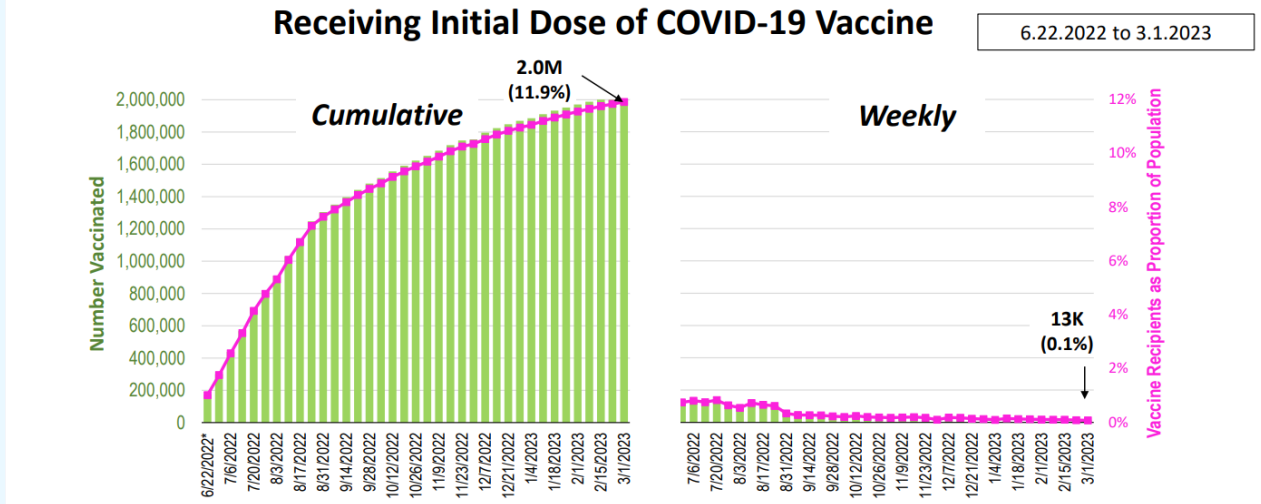
# Vaccination Rates

## Children 6 months through 4 years

As of March 1, 2023, the CDC recorded:

- 2.0 million US children ages 6 months-4 years have received **at least one dose** of COVID-19 vaccine, representing 12% of 6 months – 4-year-olds.
- This past week about 13,000 children received their first vaccine dose.
- About 15.0 million children 6 months – 4-year-olds had yet to receive their first COVID-19 vaccine dose.
- Child vaccination rates vary widely across states, ranging from 2% to 43% receiving their first dose.

### Number and Proportion of US Infants and Children Ages 6 Months - 4 Years

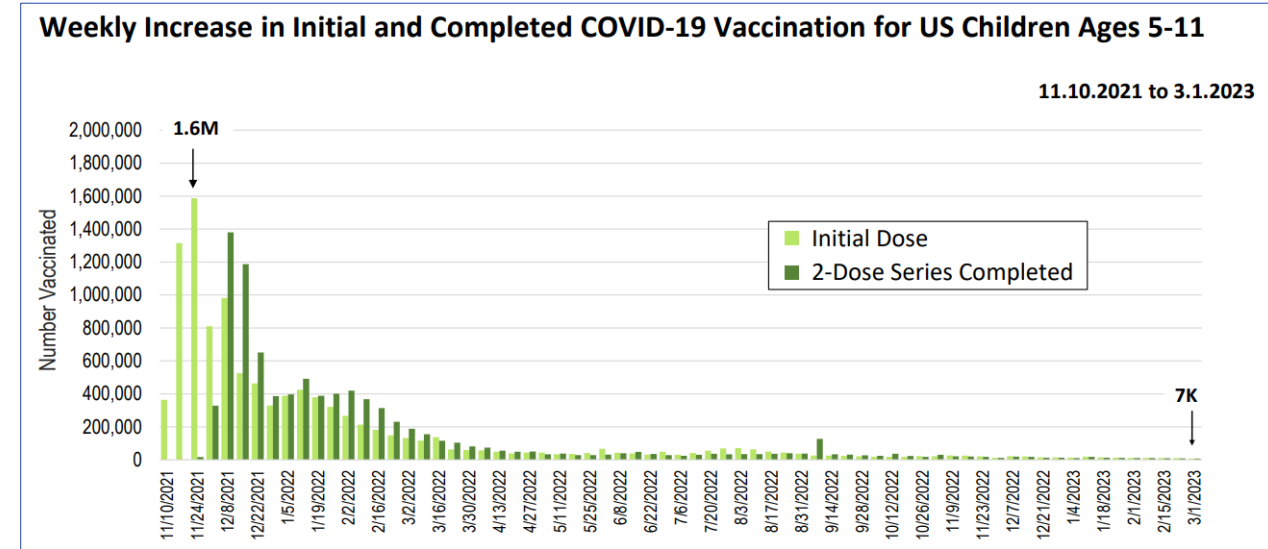


# Vaccination Rates

## Children 5 years through 11 years

### As of March 1, 2023, the CDC recorded:

- 11.1 million US children ages 5-11 have received **at least one dose** of COVID-19 vaccine, representing 39% of 5 – 11-year-olds.
- 9.2 million US children ages 5-11 completed the **2-dose** vaccination series, representing 32% of 5 - 11 year-olds.
- About 17.5 million children 5-11 had yet to receive their first COVID-19 vaccine dose.
- The past week about 7,000 received their first vaccine dose.
- Child vaccination rates vary widely across states, ranging from 17% to 82% receiving their first dose.

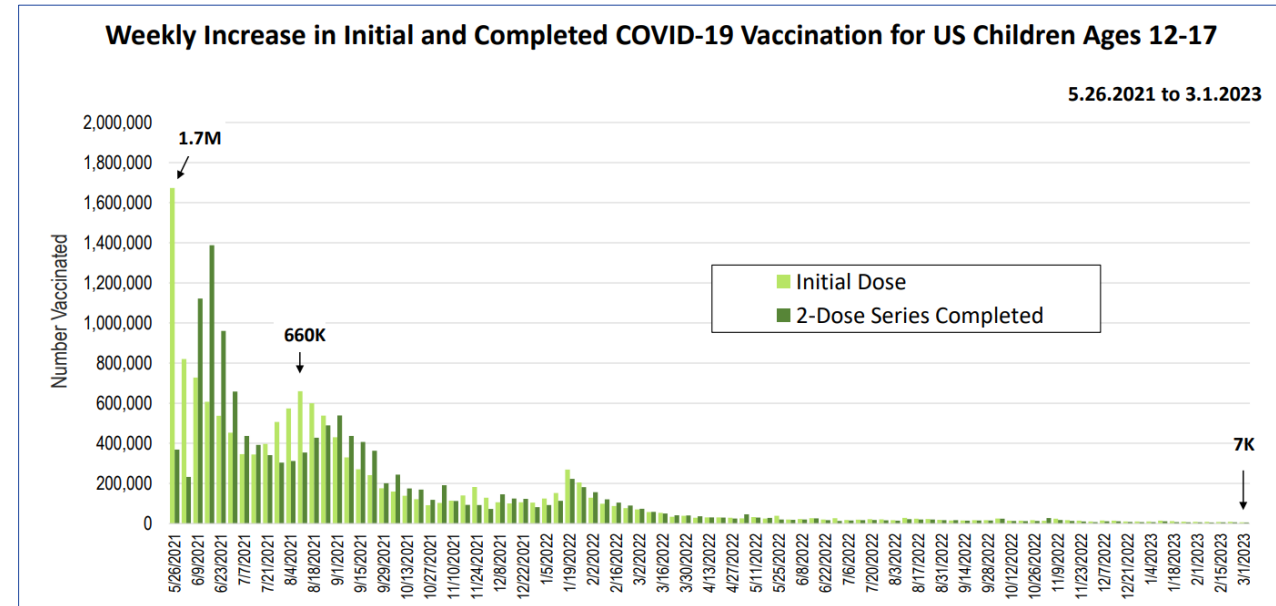


# Vaccination Rates

Adolescents 12 years through 17 years

As of March 1, 2023, the CDC recorded:

- 17.9 million US children and adolescents ages 12-17 have received **at least one dose** of COVID-19 vaccine, representing 68% of 12 – 17-year-olds.
- 15.3 million of US children and adolescents ages 12-17 completed the **2 dose** vaccination series, representing 58% of 12 – 17-year-olds.
- About 8.3 million children 12-17 had yet to receive their first COVID-19 vaccine dose. The past week about 7,000 received their first vaccine dose.
- Child vaccination rates vary widely across states, ranging from 40% to 100% receiving their first dose.



# COVID-19 Pediatric Vaccine Schedule

## COVID-19 Vaccine Timing

Vaccinate ALL 58

### Routine Schedule

Age*	Vaccine	1st Dose	Interval	2nd Dose	Interval	3rd Initial Dose
6 months–4 years	Pfizer–Infant/Toddler	1st Dose	3–8 weeks <sup>A</sup>	2nd Dose	≥8 weeks	● Pfizer Bivalent <sup>†</sup>
6 months–5 years	Moderna–Infant/Toddler	1st Dose	4–8 weeks <sup>A</sup>	2nd Dose		<b>Bivalent Booster<sup>†</sup></b> <b>Moderna:</b> ● 6 months–5 years ● 6+ years  <b>Pfizer:</b> ● 5–11 years ● 12+ years  (For people who previously received a monovalent booster dose(s), the bivalent booster is administered at least 2 months after the last monovalent booster dose.)  Children aged 6 months to 4 years who completed the Moderna primary series are eligible for the Moderna bivalent booster only.  Children aged 5 years who completed the Pfizer primary series are eligible for the Pfizer bivalent booster only.
5–11 years	Pfizer–Pediatric	1st Dose	3–8 weeks <sup>A</sup>	2nd Dose		
6–11 years	Moderna–Pediatric	1st Dose	4–8 weeks <sup>A</sup>	2nd Dose		
12+ years	Moderna–Adol/Adult	1st Dose	4–8 weeks <sup>A</sup>	2nd Dose	≥2 months	
12+ years	Pfizer/Adol/Adult	1st Dose	3–8 weeks <sup>A</sup>	2nd Dose		
12+ years	Novavax	1st Dose	3–8 weeks <sup>A</sup>	2nd Dose		
18+ years	Janssen (J&J) Pfizer/Moderna/Novavax preferred**	1st Dose				

\* See schedules for children in transition from a younger to older age group.  
 \*\* Although use of mRNA COVID-19 and Novavax vaccines is preferred, the Janssen vaccine may be offered in some situations.  
 † For people who have not received any booster doses and are unable or unwilling to receive bivalent booster vaccine, the monovalent Novavax booster may be administered as a single booster dose at least 6 months after completion of the primary series to people 18 years and older.  
 ^ An 8-week interval may be preferable for some people, especially for males 12–39 years.  
 B Children who have already received 3 monovalent doses are recommended to receive a Pfizer bivalent booster dose at least 2 months after completion of the monovalent primary series.  
 View [Interim Clinical Considerations for Use of COVID-19 Vaccines](#) for details. Schedule is subject to change.

California COVID-19 Vaccination Program IMM-1396 (3/17/23) Page 1 of 2

## COVID-19 Vaccine Timing

Vaccinate ALL 58

### Schedule if Moderately or Severely Immunocompromised

Age*	Vaccine	1st Dose	Interval	2nd Dose	Interval	3rd Initial Dose
6 months–4 years	Pfizer–Infant/Toddler	1st Dose	3 weeks	2nd Dose	≥8 weeks	● Pfizer Bivalent <sup>†</sup>
6 months–5 years	Moderna–Infant/Toddler	1st Dose	4 weeks	2nd Dose	≥4 weeks	<b>Bivalent Booster<sup>†</sup></b> <b>Moderna:</b> ● 6 mos–5 yrs ● 6+ years  <b>Pfizer:</b> ● 5–11 years ● 12+ years  (For people who previously received a monovalent booster dose(s), the bivalent booster is administered at least 2 months after the last monovalent booster dose.)  Children aged 6 months to 4 years who completed the Moderna primary series are eligible for the Moderna bivalent booster only.  Children aged 5 years who completed the Pfizer primary series are eligible for the Pfizer bivalent booster only.
5–11 years	Pfizer–Pediatric	1st Dose	3 weeks	2nd Dose	≥4 weeks	
6–11 years	Moderna–Pediatric	1st Dose	4 weeks	2nd Dose	≥4 weeks	
12+ years	Moderna–Adol/Adult	1st Dose	4 weeks	2nd Dose	≥4 weeks	
12+ years	Pfizer/Adol/Adult	1st Dose	3 weeks	2nd Dose	≥4 weeks	
12+ years	Novavax	1st Dose	3 weeks	2nd Dose		
18+ years	Janssen (J&J) Pfizer/Moderna/Novavax preferred**	1st Dose	4 weeks	2nd Dose of Moderna/Pfizer		

\* See schedules for children in transition from a younger to older age group.  
 \*\* Although use of mRNA COVID-19 and Novavax vaccines is preferred, the Janssen vaccine may be offered in some situations.  
 † For people who have not received any booster doses and are unable or unwilling to receive bivalent booster vaccine, the monovalent Novavax booster may be administered as a single booster dose at least 6 months after completion of the primary series to people 18 years and older.  
 B Children who have already received 3 monovalent doses are recommended to receive a Pfizer bivalent booster dose at least 2 months after completion of the monovalent primary series.  
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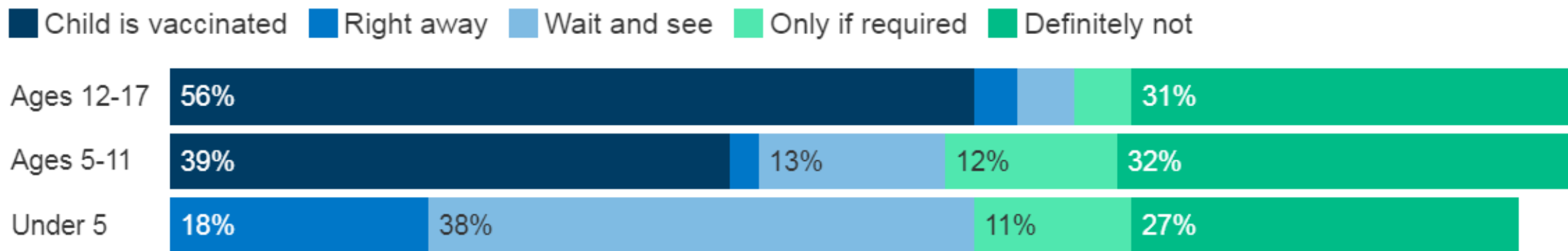
California COVID-19 Vaccination Program IMM-1396 (3/17/23) Page 2 of 2



Figure 1

## One In Five Parents Of Children Under 5 Want To Vaccinate Their Child For COVID-19 Right Away When Authorized, But Four In Ten Want To Wait And See

Thinking about your child between the ages of...have they received at least one dose of a COVID-19 vaccine, or not? If not, do you think you will get them vaccinated...?



NOTE: Asked of parents or guardians of children under 18. For parents of children under 5, question was worded "Thinking about your child under the age of 5, once there is a COVID-19 vaccine authorized and available for your child's age group, do you think you will...?" See topline for full question wording.

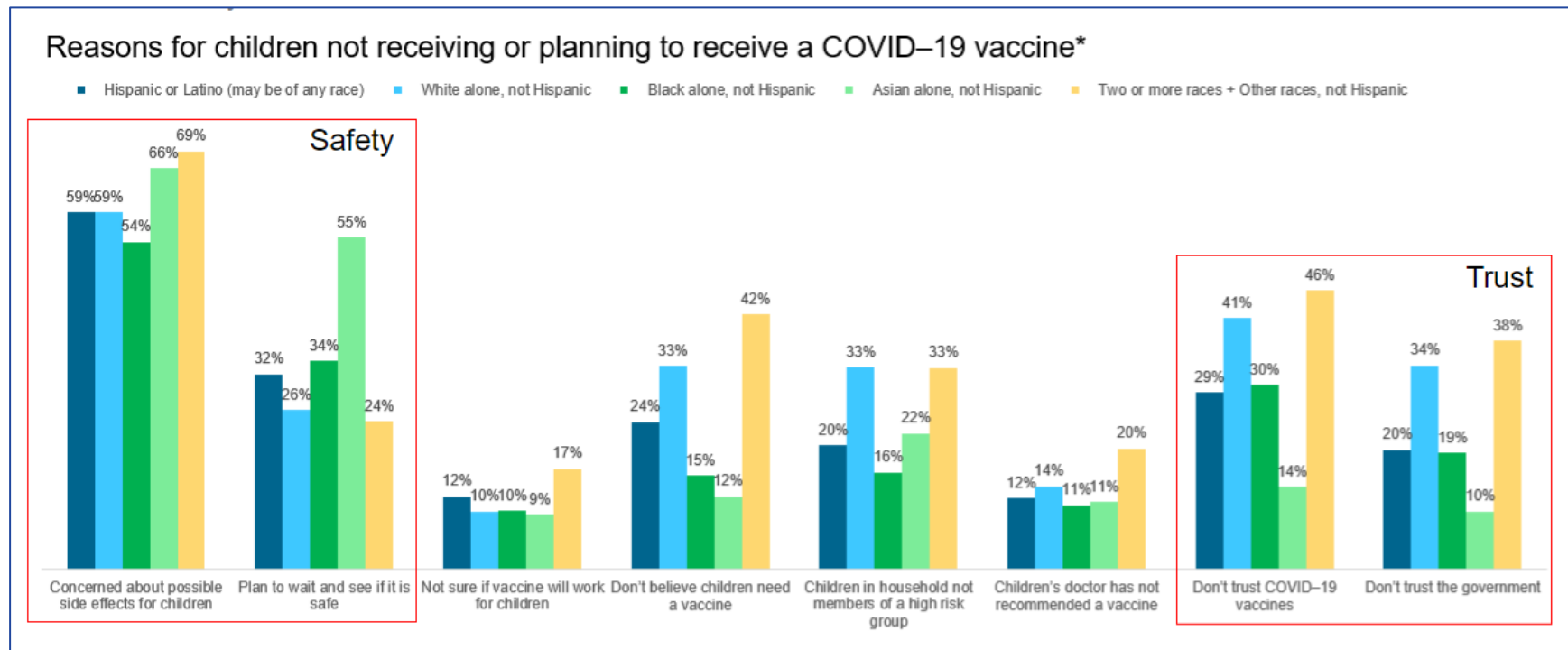
SOURCE: KFF COVID-19 Vaccine Monitor (April 13-26, 2022) • [PNG](#)

[KFF COVID-19 Vaccine Monitor](#)

# Discussing COVID-19 Vaccines

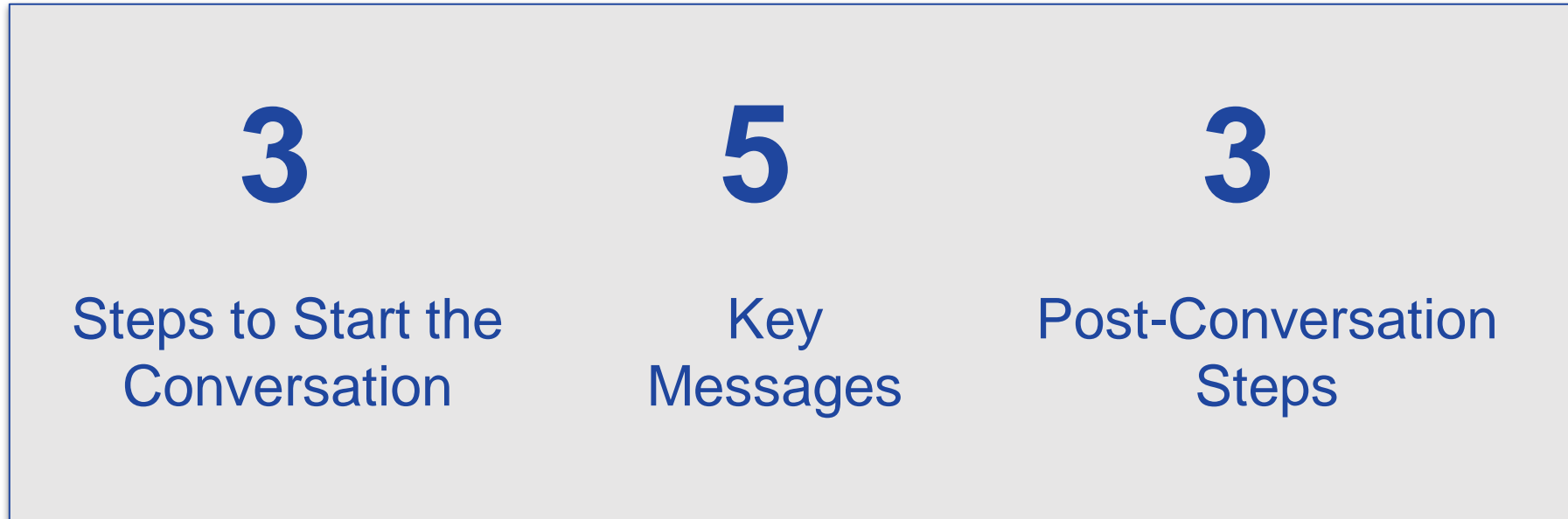
## Raising Awareness and Urgency

- Parents may be unaware that their infants/toddlers are eligible for COVID-19 vaccines.
- Parents may not think their children need the COVID-19 vaccine.
- Vaccine safety is a top concern among parents.



# Conversation Methodology

aka Answering Tough Questions/Having Tough Conversations



**To address patients concerns related to myths and misinformation, use the 3-5-3 method.**



# 3 Steps to Initiating/Continuing Conversations

1

## Ask and listen to the answer

“What do you think about the vaccine?”

“Why do you feel that way?”

“What concerns do you have about the vaccine?”

2

## Create an alignment of safety

“I would be scared too. Let’s do what’s safe here.”

“We both want what's safest for you.”

3

## Find common goals

“We all want to be able to safely be with our loved ones again.”

“What reasons would motivate you to get vaccinated?”

Find their personally motivating reason.

# Key Messages

1

## The vaccine will keep you safe.

The vaccine will protect you from getting very sick. Over 250 million Americans have been safely vaccinated and are now protected.



# Key Messages

## 2

### Mild side effects are common.

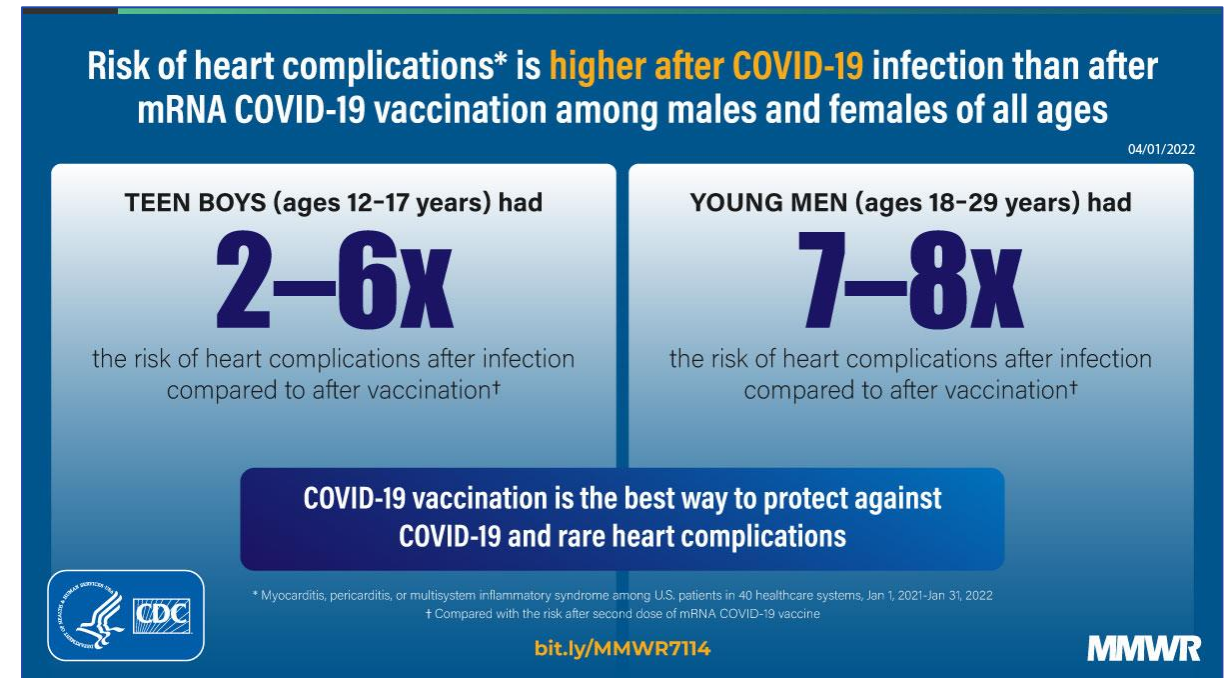
Side effects are a sign that your body is protecting you. For a few days after vaccination, many people temporarily feel:

- Sore arm (at administration site)
- Tired or fatigue
- Headache
- Muscle pain
- Joint pain



# Vaccine Safety: Myocarditis

- Myocarditis, or inflammation of the heart, is a rare side effect of some COVID-19 vaccines, but in school-aged children, myocarditis has been very rare.
- For all ages, the average risk of myocarditis from the vaccine is 1 in 200,000, which is 10 times less likely than being struck by lightning.
- No cases of myocarditis seen in clinical trials for children 6 months – 5 years.



# Vaccine Safety: Myocarditis

- Even for older children and adults, the risk of myocarditis is much higher from COVID-19 infection than it is from the vaccine, and myocarditis is usually much more serious after COVID-19 infection than after immunization.
- In a study of children with MIS-C, over 75% had myocarditis.
- One study showed vaccine-associated myocarditis was relatively mild compared to myocarditis from MIS-C and COVID-19 infection.



# Key Messages

3

## Vaccines are very effective.

Each vaccine is extremely effective at preventing hospitalization and death from COVID-19 and its variants.



# Key Messages

## 4 The vaccine is built on 20 years of research and science.

It is good to be careful when new things come along. Health experts took all the necessary steps to produce a safe vaccine, and it was built on 20 years of research and science.



# Key Messages

5

## Have questions? Please ask.

I am glad you want to know more. Ultimately, the choice is yours. Today or when you're ready, go to [myturn.ca.gov](https://myturn.ca.gov) or text your zip code to GETVAX or VACUNA to get your vaccine.



# COVID-19 Vaccine Language Tips

Do Say	Don't Say
Vaccination	Injection or shot
A safe and effective vaccine	A vaccine developed quickly
Authorized by FDA based on clinical testing	Approved by FDA; Operation Warp Speed; Emergency Use Authorization*
Get the latest information	There are things we still don't know
Keep your family safe; keep those most vulnerable safe	Keep your country safe
Public Health	Government
Health/medical experts and doctors	Scientists
People who have questions	People who are hesitant, skeptical, resistant, or “anti-vaxxers”

\* *The perceived speed of vaccine development is a current barrier among many audiences.*  
 These recommendations are based partly on research conducted by the de Beaumont Foundation.



# 3 Steps Post-Conversation

1

## Acknowledge their agency and personal choice

“I want you to get vaccinated today, but ultimately it’s your choice.”

“I’m here as a resource to help you.”

2

## Keep lines of communication open

Trust is a journey. Give folks a way to reach you that you are comfortable with as they consider their decision.

3

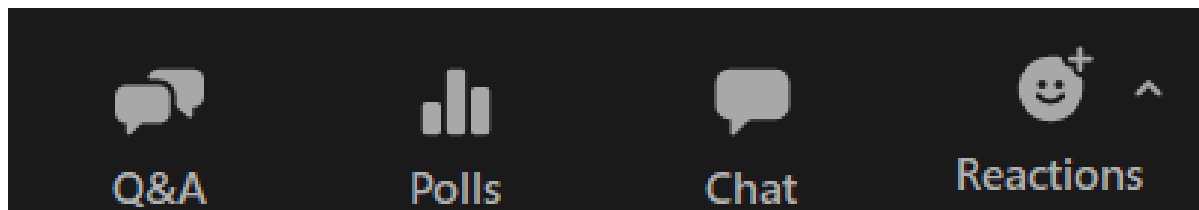
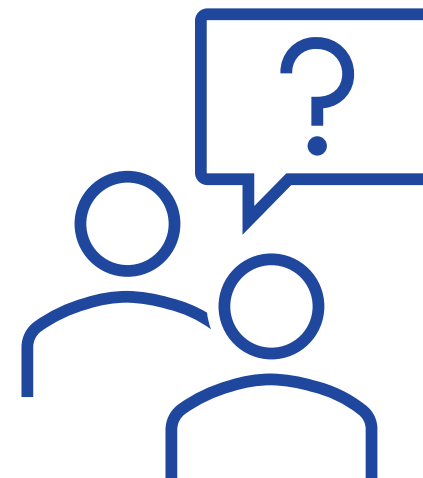
## Offer to find a vaccine

Offer [myturn.ca.gov](https://myturn.ca.gov) or have them text their zip code to GETVAX or VACUNA to find a free vaccine location in their neighborhood.



# Questions

**During today's session, please use the Q&A panel to ask your questions so CDPH subject matter experts can respond directly.**



**Resource links will be dropped into, “Chat”**

# Poll & Resources

Rachel Jacobs, CDPH

# Poll: CPDH Appreciates Your Feedback


**Following this webinar, how confident are you in your ability to talk effectively with parents about COVID-19 vaccines?**

- Very confident
- Confident
- Somewhat confident
- Slightly confident
- Not confident





# Communication Resources: Pediatric COVID-19 Vaccines



## Benefits of the COVID-19 vaccine (6 months-11 years)

**COVID-19 vaccination and boosters are a safe way to protect your kids against the virus and its variants**

The side effects of the vaccine are **usually mild** and can include:

- crying
- soreness
- sleepiness
- headache
- chills
- nausea
- vomiting
- fever

**COVID-19 vaccination and boosters are a safe way to protect your kids against the virus and its variants.**


The FDA granted authorization to Moderna and Pfizer's updated bivalent vaccines for infants and toddlers as they met FDA's rigorous standards of safety and efficacy.

**Vaccines contribute to kids' mental health by allowing a return to normalcy:**

- ✓ activities they love
- ✓ socializing with friends
- ✓ celebrating milestones
- ✓ attending school without interruption

**Ready to get your kids vaccinated?**

Visit [myturn.ca.gov](https://myturn.ca.gov) or call 1 (833) 422-4255 to find a vaccination location near you.



MyTurn.ca.gov

## SHOULD I GET THE VACCINE?

**BENEFITS**

- FAMILY HEALTHY
- SAFE
- FREE

**TYPES OF COVID-19 VACCINES**

MODERNA  
PFIZER  
NOVAVAX

Talk to the doctor or nurse about which vaccines are available for you and your family!


## KNOW THE RISKS

**COMMON**

- Fever
- Headache
- Arm Pain
- Feeling Tired
- Body Aches

**RARE**

- Trouble Breathing, Swollen face or throat
- Rash
- Fast Heartbeat
- Dizziness Weakness



Visit [myturn.ca.gov](https://myturn.ca.gov) or call 1(833) 422-4255

MyTurn.ca.gov

## PEDIATRIC COVID-19 VACCINE FAQ

**What is the most recent pediatric vaccine eligibility?**

The FDA has authorized the Updated Bivalent COVID-19 Vaccine for infants and toddlers with endorsement by the CDC for Moderna and Pfizer-BioNTech for use in **children down to 6 months of age.**

A **Moderna** bivalent vaccine is now authorized as a **booster dose** for children 6 months through 5 years of age for those who completed a 2-dose primary series with the Moderna vaccine, at least two months after that second primary series dose.

A **Pfizer** bivalent vaccine is now authorized as the **third dose** of the **3-dose Pfizer primary series** for children 6 months through **4 years.\***

*\*If 3 doses of original monovalent vaccine have been received, the child may not receive a Pfizer bivalent dose at this time. The data to support giving an updated bivalent booster dose for these children are expected soon.*

**Can infants and toddlers mix and match different vaccine products?**

Infants and toddlers in this age group **cannot mix and match** different vaccine products.

**What are the most common vaccine side effects?**

The most common side effects of COVID-19 vaccines reported in this age group include crying, sleepiness, redness and swelling at the injection site, fatigue, and fever.

**Is the COVID-19 vaccine safe?**

The FDA granted authorization to Moderna and Pfizer's updated bivalent vaccines for infants and toddlers as they met FDA's **rigorous standards of safety and efficacy.**

**Why should infants and toddlers get the Updated Bivalent COVID-19 Vaccine?**

COVID-19 associated hospitalization rates of infants 6 months through 4 years are higher than any other pediatric age group.

COVID-19 vaccines and boosters are **safe** and protect against severe illnesses, hospitalizations, long COVID, and death caused by COVID-19.

**Why is there an updated COVID-19 vaccine?**

The previous boosters were monovalent and targeted only the original strain while the updated boosters are bivalent and target the original strain and the Omicron strains that have been causing the more recent cases. Data shows that boosting with a bivalent vaccine **improved immunity** in the target age group with slower waning of effectiveness.

MyTurn.ca.gov Find a vaccine near you by visiting [MyTurn.ca.gov](https://myturn.ca.gov) or by calling (833) 422-4255.

# Toolkits, Fliers, Conversation Guides, and Videos

## #ThisIsOurShot Toolkit COVID-19 Crucial Conversations Campaign

#THIS IS OUR SHOT
VACU NATE YA
COVID-19 VACCINE CONVERSATIONS

TOP 5 MESSAGES

**SAFETY**  
The vaccine will protect you from getting very sick from COVID. Over 150 million Americans have been safely vaccinated and are now protected.

**SIDE EFFECTS**  
Side effects are common. They are a sign your body is building up its defenses to protect you. Many people temporarily feel:

1. Sore arm (near site of vaccination)
2. Fatigue
3. Headache
4. Muscle pain
5. Joint pain

**EFFECTIVENESS AND VARIANTS**  
Each vaccine is nearly 100% effective at preventing hospitalization and death from COVID and its variants! It will allow us to do the things we love and miss most. Vaccinated individuals can get a mild COVID infection.

**SPEED**  
It's good to be careful when new things come along. Health experts took all the necessary steps to produce a safe vaccine, and it was built on 20 years of research and science.

**QUESTIONS?**  
I'm glad you want to know more. Ultimately, the choice is yours. If you have questions, talk with your doctor or healthcare provider soon. Text your zip code to **GETVAX (438829)** to get your free vaccine today.

Help spread the truth about COVID vaccines.

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VACU NATE YA

### LANGUAGE DO'S & DON'TS

Do Say	Don't Say
Vaccination .....	Injection or shot
A safe and effective vaccine .....	A vaccine developed quickly
Authorized by FDA based on clinical testing .....	Approved by FDA, Operation Warp Speed, Emergency Use Authorization <sup>1</sup>
Get the latest information .....	There are things we still don't know
Keep your family safe; keep those most vulnerable safe .....	Keep your country safe
Public Health .....	Government
Health / medical experts and doctors .....	Scientists
People who have questions .....	People who are hesitant, skeptical, resistant, or 'anti-vaxxers'

<sup>1</sup> The perceived speed of vaccine development is a current barrier among many audiences.  
These recommendations are based partly on research conducted by the de Beaumont Foundation.

**Messaging Elements That Resonate**

**Validate Concerns & Answer Questions**  
Acknowledge people's hesitancy rather than challenge it. Provide scientifically-based plain language answers.

**Moments Missed**  
Reference things the people miss most. With many feeling COVID-19 fatigue, missed moments (especially human connections that we took for granted like visiting family and friends) serve as a powerful reminder of the ultimate end goal: vaccination as a pathway to the possibility of regaining these moments.

**Protection**  
Emphasize "protecting myself, loved ones, and those in my community" (rather than "coming together as a nation").

**Positive Tone**  
Be inviting and respectful as opposed to demanding. Acknowledge that the "choice is yours to make," which connects with the deeply rooted American value of liberty.

**Messaging Elements That DON'T Resonate**

**Negativity & Fear**  
People push back when reminded of how difficult a year it's been—it tends to put them in a pessimistic, hopeless or frustrated frame of mind. Fear tactics are likely to backfire because this does little to generate trust or answer people's questions about vaccines.

**Guilt**  
References to "many people already stepping up" can come off as pushy or accusatory. Those who are hesitant do not see themselves as "free riders" letting others take risks first, rather, they are worried about being "guinea pigs" for new COVID-19 vaccines.

**Overpromising**  
Avoid claims that are unproven. Being overly rosy may cause concern. Be clear about the facts without any sugarcoating. Most people understand that mass vaccination is a long-term process. Avoid messages that inadvertently imply that vaccine availability will "flip the switch."

**"Back to Normal"**  
Some just want things to "get back to normal," but for others, post-pandemic life will never be "the way it was." It's more about getting back to life rather than back to normal. Messages that focus on economic recovery—rather than public health—do not perform well.

Research, insights, & content provided by Kaiser Family Foundation, AdCouncil, & COVID Collaborative

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## TOP 5 REASONS

# Your Kids Should Get the COVID-19 Vaccine

With students heading back to in-person instruction, here are some things you need to know about protecting your children with the COVID-19 vaccine.

**Unvaccinated children are at risk of getting COVID-19**, and can suffer very serious complications, and potential long-term impacts that we are still learning about. The vaccine is safe and effective, and no long-term problems have been seen for any vaccine.

**The science behind the vaccine** has been under development and studied by The U.S. Department of Health and Human Services for over 20 years.

**Getting those who are eligible vaccinated** can help keep school communities safe.

**Kids have missed critical social and emotional milestones** with their school community. Getting them safely back to the classroom and their favorite afterschool activities helps support their mental health and wellness.

**Vaccines are safe, effective, and free**, regardless of insurance or immigration status.

Get your children back to school safely. Get them vaccinated against COVID-19 today! Learn more at [VaccinateALL58.com](https://www.vaccinateall58.com).

VaccinateALL58.com

# Resources



Join **#ThisIsOurShot / #VaccinateYa** for newsletters about COVID-19 and vaccine-related talking points, and social media tips for physicians:

<https://thisisourshot.info/> / <https://vaccinateya.com/>



Join **Shots Heard Round the World** to connect with a network of health professionals dedicated to combating online harassment of HCPs:

<https://shotsheard.org/>



**Health Defend** is the evolution of these three programs. It is designed to educate, empower, equip, and defend healthcare professionals so they feel confident amplifying their trusted voice through social media.

<https://www.healthdefend.com/>

# Next Crucial Conversations Webinar: Talking with Older Adult Patients about COVID-19

Please join Javier Sanchez, MD to discuss what your older patients need to know about COVID-19 vaccination and therapeutics.

**When:** Wednesday, April 5

**Time:** 12:00PM-1:00PM

**[Register here!](#)**



# COVID-19 Vaccine Support

## Type of Support

## Description

Updated 11.15.22



### COVID-19 Provider Call Center

The COVID-19 Call Center for Providers and Local Health Departments is dedicated to medical providers in California and their COVID-19 response, specifically addressing questions about State program requirements, enrollment, and vaccine distribution, including the Vaccine Marketplace.

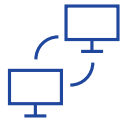
- Email: [covidcallcenter@cdph.ca.gov](mailto:covidcallcenter@cdph.ca.gov)
- Phone: (833) 502-1245, Monday through Friday from 8AM–6PM



### Enrollment Support

For Provider enrollment support, please contact myCAvax Clinic Operations at

- Email: [myCAvaxinfo@cdph.ca.gov](mailto:myCAvaxinfo@cdph.ca.gov)

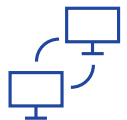


### myCAvax Help Desk

Dedicated staff provide up-to-date information and technical support on the myCAvax system.

- Email: [myCAvax.HD@cdph.ca.gov](mailto:myCAvax.HD@cdph.ca.gov)
- Phone: (833)-502-1245, option 3, Monday through Friday 8AM–6PM

For training opportunities: <https://eziz.org/covid/education/>

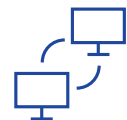


### My Turn Clinic Help Desk

For **onboarding support** (those in the process of onboarding): [myturnonboarding@cdph.ca.gov](mailto:myturnonboarding@cdph.ca.gov)

For **technical support** with My Turn Clinic for COVID-19 and flu vaccines: mail to: [MyTurn.Clinic.HD@cdph.ca.gov](mailto:MyTurn.Clinic.HD@cdph.ca.gov) or (833) 502-1245, option 4: Monday through Friday 8AM–6PM

For job aids, demos, and training opportunities: flu at <https://eziz.org/covid/myturn/flu/> and COVID at <https://eziz.org/covid/myturn/>



### Archived Communications

For archived communications from the COVID-19 Provider Call Center about the California COVID-19 Vaccination Program visit

- Website: [EZIZ Archived Communications](#)

# Upcoming Opportunities



Thank you for joining CDPH for today's  
Crucial Conversations Webinar!

## Monday

### My Turn and myCAvax Office Hours

Next session: Monday, April 3, 12PM-1PM

## Friday

### Provider Consolidated Webinar

Next session: Friday, April 7, 9AM-10:30AM

**Note:** New session length of 90 minutes to include  
COVID-19 Vaccine and COVID-19 Therapeutics



# Special Thanks to Today's Presenter:

Emma B. Olivera, MD, FAAP

## Webinar Planning & Support:

Charles Roberts, Billie Dawn Greenblatt, Laura Lagunez-Ndereba, Tyler Janzen, Leslie Amani

