

# GET THE FACTS

## Frequently Asked Questions

### **Should we be worried if offered a J&J vaccine?**

Update as of April 16, 2021: Due to the possibility of a rare adverse event involving severe blood clotting – administration of the J&J vaccine has been paused. If you have received the Janssen (J&J) COVID-19 vaccine and develop severe headache, abdominal pain, leg pain, or shortness of breath within three weeks after vaccination, contact your healthcare provider, or seek medical care. – – If you are scheduled to receive the Janssen vaccine, please contact your healthcare provider, vaccination location, or clinic to learn about additional vaccine availability.

Source: Lynelle Phillips, RN, MU Extension Nurse Specialist

### **How do we handle vaccine envy or vaccine guilt for those who are able to get it before others?**

To me, it's reminding everyone to be patient (I know, easier said than done) and that we need to take care of those most at risk first. Everyone will get vaccinated. Remind them of the various websites that others mentioned during the webinar where they can check for availability. Those that did get the vaccine already can help with this, not by bragging that they've been vaccinated, but by explaining what was involved, how it went and helping to ease those who might be hesitant into wanting to get the vaccine. Those who haven't been vaccinated should be really happy when friends and loved ones get the vaccine as those individuals are now protected and that means they are one step closer to getting the vaccine themselves. Source: Jon Stemmler, professor of strategic communication and former director of the Health Communication Research Center at the Missouri School of Journalism

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**Some states across the country are doing away with mask mandates and I've noticed counties across Missouri are also lifting different COVID-19 restrictions. Does this mean the virus is not as bad? How do we communicate that answer to the public? Seems like there might be conflicting messages?**

We're in a time where public health, unfortunately, is running up against economic needs, which is driving much of the removal of mask mandates and restrictions. The point that I'd focus on is that COVID-19 hasn't gone away. People are still getting sick and dying. Until they are vaccinated, they should stay the course and if they do that by wearing masks and being vigilant, they will get to return to a sense of normalcy and community with their families and friends. Without doing that, they are putting themselves and their loved ones at risk and given how close we all are to getting vaccinated and how long they've already waited, it would be a shame to fall short of that this late in the game. Source: Jon Stemmler

**Following up from the last question, should we still be promoting COVID-19 precautions at in-person programming?**

Absolutely. While everyone may not adhere, we are still responsible to advocate for and be an example of best practices to protect ourselves and our communities. Source: Monique Luisi, assistant professor of Strategic Communication in the Missouri School of Journalism

**Monique, you touched on the top reasons for vaccine hesitancy center around safety and efficacy. What advice do you have for us when speaking with someone who is vaccine hesitant? Are certain words better to avoid when speaking with someone who is vaccine hesitant?**

First and foremost, keep in mind that most people do not mean harm and want to be safe. I would recommend that if they have the bandwidth to have a real discussion, they should first find out where the hesitancy stems from. From there, they can begin to understand and maybe provide facts that curb that hesitancy. Furthermore, realize that changing someone's mind and opinion may not happen in the course of one discussion. Therefore, this needs to be a dialogue and process, not just a one-off thing. Source: Monique Luisi

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**In March's presentation you said there was value in presenting just the facts. What kind of communication tips do you have to help us avoid inserting personal opinions or perspectives into the conversation? Unfortunately, it's become quite a political, opinionated topic at times.**

Facts are good, but you want to use those to accentuate the stories that you tell because stories are more memorable. Any messaging we do about topics like this are about persuasion - we're trying to show our audience why they should do a certain thing or think a certain way. This isn't a bad thing as often in the health world, we're educating our audiences. So, if we can talk about our experiences with the vaccine or the experiences of others in the community and tell their stories, along with the truth about what happened - it didn't hurt, the side effects from the first shot were almost nothing and the second shot felt like the flu for 24 hours and then they were fine, etc. - you've got something you can work with that should avoid all politics and personal opinions. Source: Jon Stemmler

**It was mentioned that the Midwest shows about 54% of individuals are worried that the vaccine itself will make people sick. I've known some individuals to have a reaction after the first shot, some have a reaction after the second shot and then others feel completely fine after both shots. What scientific explanation can be provided for possible reactions to the vaccines?**

Certainly, it seems like there are a range of reactions to the COVID vaccine. Multiple factors, including natural variation among our population, demographic differences, and previous exposure to COVID may play a role in the intensity of side effects. Most people who experience discomfort only do so for 1-2 days following vaccination. Source: Lynelle Phillips

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**I have been in a doctor's office where they were advocating against the vaccine. Today we discussed your own doctor or nurse was the most trusted expert over federal health agencies even. Was differing doctor and nurse opinions a concern when looking at how high their viewpoints are in the minds of consumers?**

If you run across a physician or nurse that is advocating against the vaccine, I am sure the Department of Health and Senior Services would be interested in talking to them. Please feel free to supply contact information and we will pass that on. This would be a good opportunity to clear up misconceptions. Source: Lynelle Phillips

**Monique, did your research see a difference in responses based on age?**

More statistical testing would need to be done to say with certainty if the difference were significant. Feel free to look at more of our findings here: <https://nab.org/vaccine/research.asp> Source: Monique Luisi, assistant professor of Strategic Communication in the Missouri School of Journalism

**How long do you need to wait to get the vaccine after having COVID?**

You should wait until you are out of isolation due to COVID before you get a vaccination - 10 days (about 1 and a half weeks) post symptoms or positive test. Since COVID-positive people have natural immunity for up to 90 days, you have an option to wait longer to get vaccinated, thus allowing people with greater vulnerabilities to be vaccinated. However, increasing circulation of COVID variants does put you at risk for reinfection, so this risk should be taken into consideration.

Note that if you have received monoclonal antibody treatment for your COVID infection, you should wait 90 days (about 3 months) after treatment before undergoing vaccination. Source: Lynelle Phillips

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### **How long does the vaccination last?**

So far the clinical trials are finding sustained immune response and protection. Trials and ongoing surveillance of vaccinated people will continue; however, at this point we have not reached a time limit for duration of immunity. Source: Lynelle Phillips

### **How often do you get the vaccine?**

You should get COVID vaccine as indicated by the CDC Guidelines. The Pfizer vaccine is a two-dose series administered 3 weeks apart. The Moderna is a two-dose series administered 4 weeks apart. Johnson and Johnson is a one dose vaccine. The CDC has no recommendations for additional booster doses for any COVID vaccine currently. There is some research into providing booster doses that are more effective against emerging variants (much like boosters for flu shots). Source: Lynelle Phillips

### **Can you explain the storytelling concept a bit more? It sounded like a good tool for us to use when communicating about COVID-19?**

The more you can use storytelling techniques in your messaging, the more effective it will be. Once you understand the audience you are trying to communicate with and any barriers they have to the goal you're trying to achieve, you then work on a message to overcome those barriers in a way your audience will react to to move them to the state that you want (somewhere between awareness and behavior change). The best way to go about this is to find stories of people who are representative of your community – that could be people from your community or other communities that are similar to yours – and use those stories to make your point. People remember message that are simple, concrete (fit within their world view), credible (told from someone who is trusted on the topic, be it through experience or expertise), emotional and, ideally, emotional and told in the form of a story. You want to bring the humanity out of a topic like vaccinations as otherwise it can seem like a cold, scientific topic, which is completely forgettable. Source: Jon Stemmler

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### **Could you list practical tips on how to communicate with our communities based on the research you conducted, Monique?**

This is a great question. I would need to know more about your communities, but practically speaking, really listen to what your community needs are. The truth is, vaccination is a concern, but it may not be their direct concern. What do I mean? Perhaps people are more concerned about the lack of money or getting back to work. So, to promote vaccination, you'll have to make it really clear that this will allow them to get to what they care about most. For others, it may be barriers to vaccination. It may be concerns about safety. It may be understanding who needs to be vaccinated first before they feel comfortable. Really getting to know your audience will help you make impactful decisions. Source: Monique Luisi

### **What are the demographics of those surveyed?/Who was surveyed?**

Conducted by research firm SmithGeiger from December 4 -12, 2020. Surveyed adults aged 18-64 who consume at least some news media at least once a week, with census-reflective quotas for age, gender, ethnicity and geography. Specific details can be found here: <https://nab.org/vaccine/research.asp>  
Source: Monique Luisi