

VACCINE EDUCATION AND MESSAGING PRESENTATION

SCRIPT:

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Thank you for joining this presentation.

In it, we will cover information about the currently approved COVID-19 vaccines, the most effective strategies for messaging around the vaccine, some of the major concerns people have about getting vaccinated, and how you can help spread the word.

The vaccination program will change over time, and so the message we want to get out will change too.

For now, the most important thing will be to educate our communities about the safety and efficacy of the vaccines, chip away at some of the most common fears and misinformation about the vaccines, in order to pave the way for greater vaccination.

About 75 to 85 percent of New Yorkers will need to be vaccinated in order to ensure that all of New York is protected. That's why we need to begin this work of building confidence and awareness around the facts today.

Let's jump in.

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Governor Cuomo announced the Vaccinate New York campaign in December 2020. Here's the logo for this campaign.

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Please feel free to use this in your organization's [and your personal] social media posts.

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New York State also launched a website for all information related to the COVID-19 vaccines. The URL is ny.gov/vaccine. The website will have constantly updated information about the vaccine, the distribution process, frequently asked questions, and more.

It's a great resource.

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There are three pillars that we are emphasizing in our vaccine messaging.

The vaccine is safe.

The vaccine is effective.

And the distribution of the vaccine will be equitable.

On the first pillar — the vaccine is safe. It has been approved by the U.S. Food and Drug Administration, the Centers for Disease Control and Prevention, and by New York State's independent COVID-19 Clinical Advisory Task Force.

Robust clinical data from the vaccine trials backs up the safety and efficacy of the vaccine.

And as we'll explain later, the COVID-19 vaccine **CANNOT** give you COVID, which is a common misconception.

On the second pillar — the vaccine is effective. It is about 94, 95% effective at preventing COVID-19.

The vaccine is the **best** way to protect yourself and others from COVID-19. It is the weapon that will end the war.

On the third pillar — the vaccine is equitable.

The vaccine distribution will be fair and equitable, with outreach to under-served communities.

Very importantly, **the vaccine is free.**

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So let's jump into these pillars a little bit more. If someone asks you, "how do I know the vaccine is safe?," we want you to be armed with the information you need to respond.

Here's why it's safe. The COVID-19 vaccines have gone through the same rigorous review that all vaccines must follow in the U.S. It did not go through a different or easier process.

As of December 21 [date], two vaccines have been approved by the FDA. The first is the vaccine developed by Pfizer and BioNTech and the second was developed by Moderna.

These approvals followed three rounds of clinical trials with thousands of participants.

In New York State, there was an added layer of approval and review. The State's independent COVID-19 Clinical Advisory Task Force, which is made up of prominent health experts, looked at all the data themselves and also approved these vaccines as safe and effective.

Another important thing to note. Even after a vaccine is approved, the safety controls do not stop there. Multiple safety systems at the FDA and the CDC constantly monitor for adverse events. If an adverse event is found, it is immediately investigated to determine if it poses a true health issue.

In that way, these health agencies ensure that vaccines are always as safe as possible.

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So the vaccines that are available now were approved by the FDA, the CDC and New York State's independent Clinical Advisory Task Force.

The FDA has very rigorous processes that vaccine developers must go through before a vaccine can be approved.

New York's Clinical Advisory Task Force is made up of renowned health and medical experts, and is chaired by Dr. Charles Rice, who won the 2020 Nobel Prize in Medicine.

You might ask, how can the Clinical Advisory Task Force approve the vaccine so quickly after the FDA?

The reason why is that they are able to review all the data alongside the Federal health agencies — so they are able to provide a thorough review without delaying the timeline of vaccine approvals.

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The federal and state review processes look at data from clinical trials. Very briefly, the way clinical trials work is that there are multiple rounds, starting with fewer people and then moving to much larger groups of people. In each step, researchers are trying to answer specific questions and employ the best scientific methodology. The final clinical phase is Phase 3. But even after Phase 3, scientists continue to gather more data and research.

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There is some misinformation and confusion about the clinical trials of the vaccines, so I want to give you some very specific information about these trials.

On this slide are details about the Pfizer and BioNTech vaccine's clinical trials.

There were about 43,000 participants in the Phase 2 and 3 clinical trials for the Pfizer vaccine. Half of them got the vaccine, the other half got a placebo.

The demographics of the participants — as you can see — is pretty much the same of the US population in general.

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Another important thing to know is that a very significant percentage of those in the trials had other coexisting conditions — so it is not the case at all that the trials were only very healthy people given the vaccine.

In the Pfizer trials, the participants were as young as 16 and as old as 91.

The Pfizer vaccine was found to be 95% effective at preventing COVID-19.

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On this slide are details about the Moderna vaccine.

There were about 30,000 participants in the Phase 3 clinical trials for the Pfizer vaccine. Half of them got the vaccine, the other half got a placebo.

As with the Pfizer vaccine trials, the participants were from a wide variety of ethnicity and race, age and other demographics.

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22% of the participants of the Moderna phase 3 trials had at least one high-risk condition. A quarter of participants were health care workers. The median age was 52 and the participants ranged in age from 18 to 95.

The vaccine was found to be 94.5% effective at preventing COVID-19.

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The final pillar here is that the distribution of the vaccine will be equitable. That is a key principles of New York's vaccination program.

After Governor Cuomo and advocate groups spoke out, the federal government agreed that It will not force New York State to provide any information to the federal government that could be used to identify anyone's immigration status. That means that undocumented New Yorkers do not need to worry that somehow getting vaccinated could lead to immigration actions against them.

New York is working with partners across the state in addressing issues of health equity, and the state recognizes that many New Yorkers have valid reasons to be skeptical of a health care system and the government that has not always served everyone equally. The Tuskegee experiment and others are not too distant history. New York State will work to address the concerns of all communities, and I'm glad to join that effort.

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Polls and surveys are very clear about the main reasons why some people are hesitant to get vaccinated. It boils down to three main concerns. First, the vaccine could give me COVID. Second, the vaccine was developed too fast. Third, I'm worried about side effects.

So let's address these point by point.

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"The vaccine could give me COVID."

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This concern should be easy to address as it is simply not true. The COVID-19 vaccine **cannot** give you COVID. We need to all tackle this misinformation head on and strongly.

By the way, it's not weird or foolish for someone to think this, because inoculation used to mean giving someone a little bit of a disease to build up immunity.

But that is not the case with the COVID-19 vaccine.

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The COVID-19 vaccines that have been approved are mRNA vaccines.

What does that mean? An mRNA vaccine is different from a “traditional” vaccine. The way they work is that they teach our cells how to make a protein—or even just a piece of a protein—that triggers an immune response inside our bodies. That immune response, which produces antibodies, is what protects us from getting infected if the real virus enters our bodies.

It is impossible for mRNA vaccines to give someone COVID-19 because they do not use the live virus that causes COVID-19.

They also do not affect or interact with our DNA in any way. mRNA never enters the nucleus of the cell, which is where our DNA (our genetic material) is kept. The cell breaks down and gets rid of the mRNA soon after it is finished using the instructions.

If you want to learn more about mRNA vaccines and how they work in more detail, there are some great resources at the end of this deck.

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OK. So next, another top concern. “The vaccine was developed too fast.”

It may seem that way, but in fact, there are years and even decades of research that went into developing the vaccines that we have now.

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Here’s a timeline of just some of that history.

This is not the first coronavirus that scientists have studied extensively.

For example, SARS, in 2002, and MERS, in 2012, were both coronaviruses. Scientists learned a lot about coronaviruses from those two outbreaks. In 2018, a vaccine for MERS was developed and tested that is very similar to one of the COVID-19 vaccine candidates in how it works.

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The history of mRNA vaccines in particular is also very long. mRNA vaccines have been studied before for the flu, for Zika, for rabies, and for a virus called CMV.

The field of research began in 1989 and the first mRNA vaccines were developed in the 1990s.

As soon as the necessary information about the virus that causes COVID-19 was available, scientists began

designing the mRNA instructions for cells to build the unique spike protein into an mRNA vaccine.

By the way, mRNA vaccines are held to the same rigorous safety and effectiveness standards as all other types of vaccines in the United States. They aren't treated differently.

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Another reason why scientists were able to develop a safe and effective vaccine in the time that they did was that the genetic code of the virus was first published in January 2020 — which was even before COVID was declared to be a global pandemic.

First Chinese scientists published the genetic code — which is the most crucial information that vaccine scientists need — and then French scientists also published it. Suddenly, every global expert could join in the effort to make a vaccine, building on past research.

That means scientists had already begun to work on COVID-19 vaccines starting in *January*, almost a year ago.

So, when people in your communities [or organizations] say, well I just think the vaccine was rushed, or it was developed too fast, I hope you'll be able to use this information to make the case that no — not really.

This only happened because of decades of research and an extraordinary global effort that began in January when the whole genetic code of the virus was published for every scientist in the world to see.

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Now onto the final main reason that people are hesitant to get the COVID-19 vaccine. Side effects.

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The main response to this is simple. There have been no serious side effects that have been observed in clinical trials.

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It is possible that you may feel a little under the weather after getting a vaccinated. But this is normal and a sign that the vaccine is working. Scientists call this an immune response.

In fact, when talking about how people will feel after getting vaccinated, we recommend that you use the term “immune response”, and not “side effects.”

A body’s immune response is a totally normal thing, but the term “side effects” can scare people.

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I know some of you may have questions about the distribution of the vaccine and when it will be available to whom.

Much of that information depends on factors like production schedules that are not easy to predict.

But we can tell you that the first New Yorkers to get vaccinated will be high-risk hospital workers — this includes emergency workers, ICU staff and Pulmonary Department staff — nursing home residents and staff, followed by all long-term and congregate care residents

and staff, EMS workers, other health care workers, and coroners and medical examiners.

Phase two will include essential workers and the priority general public.

[for updated info on this, visit ny.gov/vaccine]

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Phase One is well underway. Phase two has yet to start, and the current expectation is that it will not start until around the end of January.

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The entire vaccine process will take months. So please: Don't throw out your mask yet.

COVID-19 vaccines are just one of many important tools to help us stop this pandemic.

It's important for everyone to continue using *all* the tools we have to combat COVID as the vaccine becomes more available over time.

Wear a mask, social distance, avoid gatherings and wash your hands frequently. Taking these steps will still be a great way to protect yourself and others.

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Please help spread the word anyway you can. If you'd like to post on this topic on social media, we ask that you post using the hashtag #VaccinateNY to help amplify this campaign.

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The remaining slides contain resources including an education toolkit with social media graphics, sample text, sample emails and more — along with more resources on vaccine safety.

I'll make sure everyone who wants it has this deck so they can continue to use it as a resource, whether personally or to help encourage others to get vaccinated.

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Thank you.

[Slide 31 contains additional resources.]