Building COVID-19 Vaccine Confidence

May 13, 2021

Paid for by the US Department of Health and Human Services. Information is considered current at the time of the presentation. The views and opinions expressed outside of this content are those of the presenter and do not reflect views of CMS or the US Department of Health and Human Services.
Please note, these slides were updated as of the morning of May 13, 2021. Since then, the CDC updated its guidance for fully vaccinated people.

Please visit this site for the latest information.
Reminders

Phone number: (562) 247-8422
Access code: 895-380-069

Please submit questions or comments via the chat box.
Speakers

LaShawn McIver, MD, MPH
Director of CMS Office of Minority Health

Daiva Yee, MPH
State/Jurisdiction Support Lead on CDC COVID-19 Vaccine Confidence Team

Peter Marks, MD, PhD
Director of FDA Center for Biologics Evaluation and Research (CBER)
Agenda

• CMS OMH Overview
• Resources and Funding Opportunities
• Development of COVID-19 Vaccines
• Building Confidence
• Open Discussion
• Contact Us
CMS Office of Minority Health

Mission
To ensure that the voices and needs of the populations we represent are present as the Agency is developing, implementing, and evaluating its programs and policies. These populations include:

• Racial and ethnic minorities
• People with disabilities
• Members of the lesbian, gay, bisexual, and transgender community
• Individuals with limited English proficiency
• Rural populations

Vision
All CMS beneficiaries have achieved their highest level of health, and disparities in health care quality and access have been eliminated.
**COVID-19 Resources on Vulnerable Populations & COVID-19 Vaccine Resources**

Resources organized for:
- Health care professionals
- Consumers and patients
- Non-English speakers
- Partners educating COVID-19 vaccine recipients
- Long-term care facilities
- Health plans and programs
C2C Resources

C2C Coronavirus Health Coverage Resources

• **Coronavirus and Your Health Coverage: Get the Basics** – Teaches patients how to protect themselves and their families during COVID-19 with tips for staying healthy and information about what health services are typically covered under Medicare and Marketplace plans.

• **Stay Safe: Getting the Care You Need, at Home** – Provides tips to patients on how to stay healthy during COVID-19 with information about scheduling health appointments from home and planning ahead for prescriptions.

These resources are also available in Arabic, Chinese, Haitian Creole, Korean, Russian, Spanish, and Vietnamese.
C2C Resources

C2C Telehealth Resources

- **Telehealth: What to Know for Your Family** – Patients can find out the types of care they can receive through telehealth, how to prepare for an appointment, what to expect during a visit, and more. This resource is also available in Spanish.

- **Telehealth for Providers: What You Need to Know** – Providers can learn how and when to use telehealth, including how to set up telehealth services, how to conduct a successful visit, and how to keep up to date on telehealth payment (particularly for Medicare and Medicaid).
Rural Crosswalk: CMS Flexibilities to Fight COVID-19

This crosswalk highlights COVID-19 related provisions that CMS has issued by regulation or waiver that impact these rural providers:

• Rural Health Clinics
• Federally Qualified Health Centers
• Critical Access Hospitals
• Rural Acute Care PPS Hospitals
• Skilled Nursing Facilities
Funding Opportunities

Open
• CDC’s Community Health Workers for COVID Response and Resilient Communities (CCR) - Evaluation and Technical Assistance (ETA)
  • The Coronavirus Aid, Relief, and Economic Security (CARES) Act of 2020 allocated funds to the Centers for Disease Control and Prevention (CDC) for states, localities, territories, tribes, tribal organizations, urban Indian health organizations, or health service providers to tribes. CDC announced the availability of funds to achieve the goal of the CARES Act in protecting the American people from the public health impacts of COVID-19. This three-year opportunity provides funds to conduct a national evaluation of the Community Health Workers for COVID Response and Resilient Communities (CCR) program, DP21-2110 and provide training and technical assistance (TA) to CCR recipients. This program has two components: A) conduct a national evaluation of the CCR and B) deliver training and TA to CCR recipients. Applicants may only apply for 1 component.
  • Due: May 24, 2021

Now closed
• CDC’s National Initiative to Address COVID-19 Health Disparities Among Populations at High-Risk and Underserved Communities, Including Racial and Ethnic Minority Populations and Rural Communities
• HHS Office of Minority Health Advancing Health Literacy to Enhance Equitable Community Responses to COVID-19
We Can Do This COVID-19 Community Corps

COVID-19 Community Corps is a national volunteer initiative launched by the U.S. Department of Health and Human Services (HHS) to galvanize trusted messengers in the fight against COVID-19.

Learn how you can be a part and find resources, toolkits, and more: hhs.gov/COVIDCommunityCorps
Vaccine Confidence Presentation for Latino Audiences (English and Spanish)

Vaccine Confidence

COVID-19 Vaccines are Safe and Effective

- The vaccines are safe
  - Scientists carefully evaluated the COVID-19 vaccines to ensure that they met rigorous safety standards before they were authorized by the FDA.
  - Very strict systems are in place to monitor vaccine safety and side effects after the vaccines are in use.

- The vaccines are effective
  - All the authorized COVID-19 vaccines were nearly 100% effective at preventing COVID-19 related hospitalizations and deaths in clinical trials.
  - Scientists are studying variants of the virus that causes COVID-19 to determine if existing vaccines will protect people against them.

How to Answer Frequently Asked Questions About the Vaccines From Your Community
HHS COVID-19 Resources

Updated toolkits for the following groups:

• AIAN
• 65+/older adults
• Community Health Workers / Promotoras
• Agricultural Workers
• Rural
• Nurses
• Puerto Rico
• General Audience

Additional resources:

• Immunity in Our Community podcast
• COVID-19 Vaccine Hesitancy in Your Community map

Find Resources & Toolkits
Search for COVID-19 Vaccines Near You

Go to: Vaccines.gov

Find a COVID-19 vaccine near you

Use Vaccines.gov to find a location near you, then call or visit their website to make an appointment.

Find COVID-19 Vaccines

Powered by VaccineFinder
CDC: Vaccinate with Confidence

- CDC’s website offers tips on how to encourage confidence.
- Resources are available for community partners, including tip sheets, guides, checklists, conversation starters, and more.

Visit these CDC pages:
- Vaccinate with Confidence COVID-19 Vaccines Strategy
- Building Confidence in COVID-19 Vaccines
CDC: Six Ways to Help Build COVID-19 Vaccine Confidence

1. Encourage leaders in your family, community, or organizations to be vaccine champions.
2. Have discussions with your friends and family about vaccination to understand their perspective and encourage their decision to vaccinate.
3. Share key messages through multiple channels that people trust and that promote action.
4. Help educate people about COVID-19 vaccines, how they are developed and monitored for safety, and how individuals can talk to others about the vaccines.
5. Learn more about finding credible vaccine information. When you come across COVID-19 information, cross-check with CDC.gov and learn how to respond to misinformation you encounter.
6. When the vaccine is offered to you, make visible your decision to get vaccinated and celebrate it!

Source: CDC Six Ways to Help Build COVID-19 Vaccine Confidence
How the Vaccine Confidence Team is Supporting States and Jurisdictions

- To be added to our distribution list and receive our biweekly state of vaccine confidence insights report, please email: eocevent515@cdc.gov
- To request a confidence consult with our team, please email: confidenceconsults@cdc.gov
The Development of COVID-19 Vaccines

Peter Marks, MD, PhD

May 2021
Traditional Vaccine Development

Animal studies → First studies in humans → Safety and efficacy studies → Large efficacy studies → Vaccine administration → Post-approval surveillance

Manufacturing process development → Manufacturing process scale-up, validation → Commercial-scale manufacturing → Licensure
Accelerated Vaccine Development

- Compare vaccines in extensive animal studies
- Human safety and efficacy studies
- Process development, scale-up to commercial production at risk
- Commercial-scale manufacturing
- Establish vaccine distribution and administration infrastructure
- Vaccine administration
- Clinical data collection & analysis
- Post-approval surveillance
- Licensure
- Emergency Use Authorization
Clinical Trials – Key Considerations

Trial Design

- Primary efficacy endpoint point estimate for a placebo-controlled efficacy trials should be $\geq 50\%$
  - Lower bound of appropriately alpha adjusted 95% confidence interval around the primary efficacy endpoint point estimate should be $> 30\%$
- Need minimum median of 2 months participant follow-up following final vaccination of series
Biologics License Application (BLA)

- Biologics are licensed under both section 351 of the Public Health Service Act and the Federal Food Drug and Cosmetic Act
- Product must be safe, pure, potent, effective
- The standard used is that there is substantial evidence of efficacy from adequate and well-controlled clinical trials
Emergency Use Authorization (EUA)

- Put in place after 9/11 to ensure that potentially lifesaving medical products could be available to people in medical need when there is not an approved and available alternative
- The standard used is that the product “may be effective” and its “known and potential benefits outweigh the known and potential risks”
EUA for a COVID-19 Vaccine

- Must demonstrate clear and compelling efficacy in a large well-designed phase 3 clinical trial
- Careful evaluation of quality, safety, efficacy
- Public advisory committee meeting
- Enhanced post-deployment surveillance
Advanced Candidates – April 2021

• mRNA
  – BNT162b2 (Pfizer-BioNTech) – EUA granted Dec 11, 2020
  – mRNA-1273 (Moderna) – EUA granted Dec 18, 2020
• Non-Replicating Viral Vector
  – Ad26.COV2.S (Janssen) – EUA granted Feb 27, 2021
  – ChAdOx1 (Astra Zeneca-Oxford)
• Protein Subunit
  – NVX-CoV2373 (Novavax)
  – MRT5500 (Sanofi-Translate Bio)
Vaccine Trial Demographics

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Pfizer-BioNTech (2 doses 21 d apart)</th>
<th>Moderna (2 doses 28 d apart)</th>
<th>Janssen (1 dose)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total patients</td>
<td>43,552</td>
<td>30,350</td>
<td>39,321</td>
</tr>
<tr>
<td>Receiving vaccine</td>
<td>21,768</td>
<td>15,180</td>
<td>19,630</td>
</tr>
<tr>
<td>Receiving placebo</td>
<td>21,784</td>
<td>15,170</td>
<td>19,691</td>
</tr>
<tr>
<td>Black/African Amer.</td>
<td>9.8%</td>
<td>9.7%</td>
<td>17.2%</td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>26.2%</td>
<td>20.0%</td>
<td>45.1%</td>
</tr>
<tr>
<td>At least age 65</td>
<td>21.4%</td>
<td>25.3%</td>
<td>20.4%</td>
</tr>
</tbody>
</table>
Vaccine Efficacy in Phase 3

Primary efficacy was determined against moderate and severe/critical COVID-19

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Pfizer-BioNTech</th>
<th>Moderna</th>
<th>Janssen</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary efficacy</td>
<td>95% (8/162)</td>
<td>94.1% (11/185)</td>
<td>d14 66.9% (116/348) d28 66.1% (66/193)</td>
</tr>
<tr>
<td>(vaccinated/placebo)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Young population</td>
<td>age 16-54</td>
<td>age 18-64</td>
<td>age 18-64</td>
</tr>
<tr>
<td></td>
<td>95.6% (5/114)</td>
<td>95.6% (7/156)</td>
<td>d14 63.7% (95/260) d28 66.1% (52/152)</td>
</tr>
<tr>
<td>Older population</td>
<td>age 55+</td>
<td>age 65+</td>
<td></td>
</tr>
<tr>
<td></td>
<td>93.7% (3/48)</td>
<td>86.4% (5/114)</td>
<td></td>
</tr>
<tr>
<td>Severe COVID-19</td>
<td>1/9</td>
<td>0*/30</td>
<td>d14 14/60; d28 5/34</td>
</tr>
</tbody>
</table>

*One severe case reported 2 months after vaccination*
## Vaccine Safety in Phase 3

### Second dose

<table>
<thead>
<tr>
<th>Reaction (2nd injection)</th>
<th>Placebo*</th>
<th>&lt;55</th>
<th>55+</th>
<th>&lt;65</th>
<th>65+</th>
<th>&lt;60</th>
<th>60+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Injection site pain</td>
<td>14%</td>
<td>78%</td>
<td>66%</td>
<td>90%</td>
<td>83%</td>
<td>57%</td>
<td>33%</td>
</tr>
<tr>
<td>Fatigue</td>
<td>22%</td>
<td>59%</td>
<td>50%</td>
<td>68%</td>
<td>58%</td>
<td>44%</td>
<td>30%</td>
</tr>
<tr>
<td>Headache</td>
<td>21%</td>
<td>52%</td>
<td>39%</td>
<td>63%</td>
<td>46%</td>
<td>44%</td>
<td>30%</td>
</tr>
<tr>
<td>Muscle pain</td>
<td>10%</td>
<td>38%</td>
<td>29%</td>
<td>61%</td>
<td>47%</td>
<td>39%</td>
<td>24%</td>
</tr>
<tr>
<td>Chills</td>
<td>4%</td>
<td>35%</td>
<td>23%</td>
<td>48%</td>
<td>31%</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Joint pain</td>
<td>8%</td>
<td>21%</td>
<td>19%</td>
<td>45%</td>
<td>35%</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Fever</td>
<td>0.4%</td>
<td>16%</td>
<td>11%</td>
<td>17%</td>
<td>10%</td>
<td>13%</td>
<td>3%</td>
</tr>
</tbody>
</table>

*Average value across all studies, all doses, all ages*
# Pfizer Pediatric Demographics

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Age 12-15 Vaccine (N=1131)</th>
<th>Age 16-25 Vaccine (N=537)</th>
<th>Age 12-15 Placebo (N=1129)</th>
<th>Age 16-25 Placebo (N=561)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>49.9%</td>
<td>52.5%</td>
<td>48.2%</td>
<td>52.0%</td>
</tr>
<tr>
<td>Mean Age (years)</td>
<td>13.6</td>
<td>19.4</td>
<td>13.6</td>
<td>19.6</td>
</tr>
<tr>
<td>Median Age</td>
<td>14.0</td>
<td>18.0</td>
<td>14.0</td>
<td>19.0</td>
</tr>
<tr>
<td>Black</td>
<td>4.6%</td>
<td>8.8%</td>
<td>5.0%</td>
<td>8.9%</td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>11.7%</td>
<td>20.9%</td>
<td>11.5%</td>
<td>18.7%</td>
</tr>
<tr>
<td>Comorbidity (yes)</td>
<td>21.9%</td>
<td>23.5%</td>
<td>21.3%</td>
<td>25.7%</td>
</tr>
</tbody>
</table>
Pfizer Pediatric Efficacy

<table>
<thead>
<tr>
<th>Endpoint</th>
<th>Vaccine 12-15 Years N=1005 Cases</th>
<th>Placebo 12-15 Years N=978 Cases</th>
<th>Vaccine Efficacy % (95% CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>First COVID-19 occurrence from 7 days after Dose 2 in subjects without prior SARS-CoV-2 infection</td>
<td>0</td>
<td>16</td>
<td>100.0 (75.3, 100.0)</td>
</tr>
</tbody>
</table>

Time period for COVID-19 case accrual is from 7 days after Dose 2 to the end of the surveillance period.
# Pfizer Pediatric Safety

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Age 12-15 Placebo Dose 2 (N=1078)</th>
<th>Age 12-15 Vaccine Dose 2 (N=1097)</th>
<th>Age 16-25 Vaccine Dose 2 (N=488)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Injection site pain</td>
<td>17.9%</td>
<td>78.9%</td>
<td>77.5%</td>
</tr>
<tr>
<td>Fatigue</td>
<td>24.5%</td>
<td>66.2%</td>
<td>65.6%</td>
</tr>
<tr>
<td>Headache</td>
<td>24.4%</td>
<td>64.5%</td>
<td>60.9%</td>
</tr>
<tr>
<td>Muscle pain</td>
<td>8.3%</td>
<td>32.4%</td>
<td>40.8%</td>
</tr>
<tr>
<td>Chills</td>
<td>6.8%</td>
<td>41.5%</td>
<td>40.0%</td>
</tr>
<tr>
<td>Joint pain</td>
<td>4.7%</td>
<td>15.8%</td>
<td>21.9%</td>
</tr>
<tr>
<td>Fever</td>
<td>0.6%</td>
<td>19.6%</td>
<td>17.2%</td>
</tr>
</tbody>
</table>
Building Confidence
Protect Yourself and Your Family

• To stop this pandemic, we need to use every tool available.
• For yourself, your family, and your community—get vaccinated when the time comes.
• And we must continue to follow the CDC’s recommendations to continue protecting ourselves and others.
• No matter when you get your vaccine and even after, it’s still important to:
  • Wear a mask.
  • Watch your distance.
  • Wash your hands.
• We can’t let our guard down.
COVID-19 vaccines are safe and effective.

You may have side effects after vaccination, but these are normal.

It typically takes two weeks after vaccination for the body to build protection (immunity) against the virus that causes COVID-19. You are not fully vaccinated until 2 weeks after the 2nd dose of a two-dose vaccine or two weeks after a one-dose vaccine.

COVID-19 vaccines are more widely accessible. Everyone 16 years and older is now eligible for a COVID-19 vaccination. Find a COVID-19 vaccine.

People who have been fully vaccinated can start to do some things that they had stopped doing because of the pandemic.

Source: CDC Key Things to Know
Cost of Vaccines

- The vaccine is available to all people at no cost, regardless of insurance or immigration status.
- The Health Resources and Services Administration (HRSA) COVID-19 Vaccine Administration Assistance Fund (VAAF) ensures that even uninsured will have the vaccine at no cost.
- For those concerned about undocumented status or undocumented family members, an identification does not have to be shown and cannot be used for other purposes.
- Coverage of COVID-19 vaccine administration is mandatory for most Medicaid and CHIP beneficiaries, without cost sharing, during any quarter for which the state or territory claims the temporary FMAP increase under FFCRA section 6008.

Reminders:
- For Medicare beneficiaries, bring your red, white, and blue Medicare card.  
  — You should bring your Medicare card even if you’re enrolled in a Medicare Advantage Plan.
- If you have other insurance, bring your insurance card so the insurance can be billed.
Cost of Vaccines

Sources:

• Medicare.gov

• HRSA FAQs for COVID-19 Claims Reimbursement to Health Care Providers and Facilities for Testing, Treatment and Vaccine Administration

• Coverage and Reimbursement of COVID-19 Vaccines, Vaccine Administration, and Cost Sharing under Medicaid, the Children’s Health Insurance Program, and Basic Health Program
Note on Fraud and Scams

• The vaccine is covered at no cost to you, so if anyone asks you for your Medicare Number to get early access to the vaccine, you can bet it’s a scam.

• Here’s what to know:
  — You can’t pay to put your name on a list to get the vaccine.
  — You can’t pay to get early access to a vaccine.
  — Don’t share your personal or financial information if someone calls, texts, or emails you promising access to the vaccine for a fee.

Source: Medicare.gov
Note on Fraud and Scams

• **If you paid a fee or got a bill for a COVID-19 vaccine**, check this list to see if your provider should have charged you:
  — Check the receipts and statements you get from your provider for any mistakes.
  — Call your provider’s office to ask about any charges you think are incorrect.
  — If you have Original Medicare, review your “Medicare Summary Notice” for errors. Report anything suspicious to Medicare by calling 1-800-MEDICARE (1-800-633-4227).
  — If you have other coverage like a Medicare Advantage Plan, review your “Explanation of Benefits.” Report anything suspicious to your insurer.

• **If you think your provider incorrectly charged you for the COVID-19 vaccine**, ask them for a refund.

• **If you think your provider charged you for an office visit or other fee, but the only service you got was a COVID-19 vaccine**, report them to the Office of the Inspector General, U.S. Department of Health and Human Services by calling 1-800-HHS-TIPS or visiting TIPS.HHS.GOV.

Source: Medicare.gov
Turning Hesitancy to Confidence

- Resistance to vaccines, for any reason, can occur and may vary across demographics including race, age, urban vs. rural, etc.
- Some reasons may include:
  - Belief that the risks of COVID-19 are overstated
  - Belief that getting vaccinated is a personal choice rather than a public health responsibility
  - Use of a “wait and see” approach due to concerns about safety, effectiveness, or equitable distribution
  - Mistrust of and previous poor experience with the health care system
Turning Hesitancy to Confidence

• **Vaccine confidence** is the trust that parents, patients, or providers have in:
  — Recommended vaccines
  — Providers who administer vaccines
  — Processes and policies that lead to vaccine development, licensure, manufacturing, and recommendations for use

• Confidence in the vaccines, the vaccinator, and the system all **support the decision to get vaccinated.**

• **Strong confidence in the vaccines** within communities leads to more people getting vaccinated, which leads to fewer COVID-19 illnesses, hospitalizations, and deaths.
Strategies to Build Confidence

Common strategies include:

• **Trust in public health messengers**, across all communities

• **Seek out peers with positive experiences** to encourage peer-to-peer messaging

• **Target vaccine information** to specific populations
  — Media and social media
  — Resources in accessible languages

• **Remove functional barriers**
  — Access
  — Cost (reinforce the message that people will pay nothing for the COVID-19 vaccine)

• **Share accurate information and messaging**
Messages to Build Confidence

- According to the Kaiser Family Foundation, individual health care providers are the most trusted messengers when it comes to information about the COVID-19 vaccines.

- In the messages KFF has tested, emphasizing the effectiveness of the vaccine at preventing serious illness and death is the most effective across groups.

- The “wait and see” group is an important target for outreach and messaging, since they express some concerns about getting vaccinated, but will likely be much easier to convert from vaccine-hesitant to vaccine-acceptant.

- Other messages/information that are effective at persuading many in the “wait and see group” include:
  - Scientists have been working on the technology used in the new COVID-19 vaccines for 20 years.
  - More than 100,000 people from diverse backgrounds took part in the vaccine trials.
  - The vast majority of doctors who have been offered the vaccine have taken it.
  - There is no cost to get the vaccine.
Side Effects of Vaccine vs. Severity of COVID-19

- Many people experience no side effects.
- Common side effects of the COVID-19 vaccine are normal and they resolve within one or two days of getting the vaccine.
- Side effects could include pain and swelling on the arm where you got the shot. Other possible side effects include:
  - Fever
  - Chills
  - Fatigue
  - Headache
- If you’ve been exposed to COVID-19 and you develop symptoms more than three days after getting vaccinated or the symptoms last more than two days, self-isolate and get tested.
Johnson & Johnson/Janssen COVID-19 Vaccine

• The FDA and CDC have determined that the recommended pause regarding the use of the J&J COVID-19 vaccine in the U.S. should be lifted and use of the vaccine should resume.

• The pause was recommended after 6 cases of a rare and severe type of blood clot were reported following administration of the J&J COVID-19 vaccine.

• The FDA has determined that the available data shows the vaccine’s known and potential benefits outweigh its known and potential risks in individuals 18 and older.

• Resources:
  — Janssen COVID-19 Vaccine Fact Sheet for Healthcare Providers Administering Vaccine (Vaccination Providers)
  — Fact Sheet for Recipients and Caregivers
# Severity of COVID-19

<table>
<thead>
<tr>
<th>Rate ratios compared to White, Non-Hispanic persons</th>
<th>American Indian or Alaska Native, Non-Hispanic persons</th>
<th>Asian, Non-Hispanic persons</th>
<th>Black or African American, Non-Hispanic persons</th>
<th>Hispanic or Latino persons</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cases</td>
<td>1.6x</td>
<td>0.7x</td>
<td>1.1x</td>
<td>2.0x</td>
</tr>
<tr>
<td>Hospitalization</td>
<td>3.5x</td>
<td>1.0x</td>
<td>2.8x</td>
<td>3.0x</td>
</tr>
<tr>
<td>Death</td>
<td>2.4x</td>
<td>1.0x</td>
<td>1.9x</td>
<td>2.3x</td>
</tr>
</tbody>
</table>

Race and ethnicity are risk markers for other underlying conditions that affect health including socioeconomic status, access to health care, and exposure to the virus related to occupation, e.g., frontline, essential, and critical infrastructure workers.

Source: [CDC Risk for COVID-19 Infection, Hospitalization, and Death By Race/Ethnicity](https://www.cdc.gov)
Effective Messaging

Most Convincing Messages Emphasize Vaccine Effectiveness, Protection From Illness, And Return To Normal Life

Percent who say hearing each would make them more likely to get vaccinated for COVID-19:

- The vaccines are highly effective in preventing illness: 57%
- The vaccine will help protect you from getting sick: 56%
- The quickest way for life to return to normal is for most people to get vaccinated: 54%
- Millions of people have safely been vaccinated: 46%
- We need people to get vaccinated to get the U.S. economy back on track: 45%
- A doctor/health provider you trust got the vaccine: 38%
- There is no cost to get the vaccine: 36%
- A close friend/family member got vaccinated: 32%

NOTE: Among those who have not been vaccinated against COVID-19

Source: Kaiser Family Foundation
Changing Opinions

Source: Pew Research Center, February 2021
Changing Opinions

What Have We Learned So Far About COVID-19 Vaccine Confidence, Messages, and Messengers?

Vaccine enthusiasm has increased as more people have seen their friends and family members get vaccinated.

<table>
<thead>
<tr>
<th></th>
<th>Already gotten</th>
<th>As soon as possible</th>
<th>Wait and see</th>
<th>Only if required</th>
<th>Definitely not</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mar 2021</td>
<td>32%</td>
<td>30%</td>
<td>17%</td>
<td>7%</td>
<td>13%</td>
</tr>
<tr>
<td>Dec 2020</td>
<td>34%</td>
<td>33%</td>
<td>3%</td>
<td>9%</td>
<td>15%</td>
</tr>
</tbody>
</table>

Messages about the vaccines' effectiveness work best with the "wait and see" group.

66% of people in the "wait and see" group say they are more likely to get the COVID-19 vaccine if they heard that vaccines are nearly 100% effective at preventing hospitalization and death from COVID-19.

Individual health care providers are the most trusted messengers when it comes to information about the COVID-19 vaccines.

Source: Kaiser Family Foundation
CMS Campaign Strategy for People with Medicare

- Paid media to help the “pent-up-demand” to be met
- Work on promoting the “movable middle”
- Leverage the Medicare Voice
- Target hesitant and negatively impacted audiences
Messages were tested with Medicare beneficiaries who are hesitant about getting the vaccine. In general, skepticism in the effectiveness of the vaccine was the main reason for hesitancy, but messaging pointing to vaccine effectiveness isn’t as compelling to every audience.

Of the seven messages tested, the top three were:

1. **I will get the vaccine to help protect the people I love, myself, and others around me.**
   - Protecting loved ones and helping to slow the spread of infections resonated.

2. **Getting an appointment for the vaccine might be a hassle, but it’s worth it, so I can get back to my normal life.**
   - Reflects what they cautiously hope for: a return to normal; but some are not convinced this will happen, even with the vaccine.

3. **Getting COVID can be deadly. Thousands of Americans have died from COVID. Get the COVID vaccine to protect yourself and others.**
   - This is a compelling concept if the vaccine really is effective in providing protection against COVID.

Less compelling messages included ones that suggested that odds are better with the vaccine than with getting COVID; a message that the vaccine limits the likelihood that you will get COVID (seen as proof that it may not be effective); focus on the idea that the vaccine is safe and effective (they do not believe this); and the idea that vaccine side effects are worth the protection (they are concerned with the potential for adverse events due to the vaccine).
Tactics

• To Date:
  – Emails, direct to consumer (32 sent to a list of 13 million)
  – Medicare.gov COVID page
  – Social media
  – Partnership outreach
• Began May 10:
  – Paid advertising to reach target African American, Latino, and low-income audiences
  – Earned media promoting vaccine
  – Use customer voice as often as possible
  – Partnership reach into local populations
Example of Ad That Started May 10

- COVID-19 vaccines are safe, effective and no cost to you.
- Millions have gotten theirs, now it’s your turn.
- I got mine. Be Next.
Discussion
Thank You

Contact:

omh@cms.hhs.gov

Quick Links:

go.cms.gov/omhcovid19vaccine

cms.gov/covidvax

wecdandthis.hhs.gov

cdc.gov/vaccines/covid-19/vaccinate-with-confidence.html