NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

COVID-19 Vaccine Discussion Guide for Health Care Providers

Our public opinion research in North Carolina and research conducted across the United States consistently shows that medical professionals are the most trusted source for information and answers related to COVID-19 vaccines. Clear, concise and compelling information from medical professionals has made a real difference in providing people with the confidence to get vaccinated. But as our COVID-19 vaccine rollout continues, there will continue to be groups of people who feel they need more information to make an informed decision and are taking a wait and see approach before making what they feel is an important decision. *That's where you come in*. Your recommendation, as a trusted source of information, will help patients with questions make a quicker and more informed decision about getting a COVID-19 vaccine.

Right now, keeping our communities safe from COVID-19 is one of the primary goals of health care providers. We must commit to advancing equity and protecting and promoting the health of all patients. This document outlines ways to support your patients in making informed decisions about the COVID-19 vaccines. The intention is to help you answer patients' questions, provide them with accurate information, and honor and respond to their needs.

General Tips for Leading a COVID-19 Vaccine Conversation:

1. **Emphasize connection over content**. Building trust is as important as building immunity and will help us make it safely through the pandemic.
2. **Share the floor.** These conversations should be driven by your patients. Invite your patients and their families to ask their questions, instead of dominating the discussion with your knowledge.
3. **Validate questions**. Let patients know that they are not alone in holding a particular belief or fear, even if that question or fear is not one that you share.
4. **Be honest about vaccine side effects.** If you do not know the answer to a question, do not make up an answer. Be honest and open about the information you do have—and let people know there are trusted sources for more information, including YourSpotYourShot.nc.gov.
5. **Be willing to accept "no."** You can demonstrate you care for those who choose to not vaccinate by focusing on other ways they can stay safe, such as practicing the 3 Ws.
6. **Honor concerns about discrimination and distrust.** For communities of color, distrust in the health care system is a response to historic injustices and modern-day experiences of racism. Recognize that many people have good reason to be worried.
7. **Be ready to help navigate.** If you are unable to offer vaccines in your clinic, remember that the logistics of finding, making, and getting to an appointment can often be the biggest barriers to getting one. Help connect your patients as directly as possible to a vaccine opportunity.

Step 1. Starting the conversation

Every patient visit or encounter is an opportunity to start or continue the discussion about COVID-19 vaccines. All providers, including primary care providers, dentists, physical therapists, urgent care providers, specialists, and healers, are trusted messengers.

The decision to be vaccinated is personal. Your goal is for each patient to have the information they need to make an informed decision. Patients desire health care interactions where their experiences are heard and validated, making it important to lead conversations with listening.

Try using open-ended questions to understand what each person thinks and feels about COVID-19 vaccination (see below for examples). Offer your strong recommendation and be clear that they have a choice:

- I highly recommend that everyone get the COVID-19 vaccine. I've been vaccinated. Have you been vaccinated yet?
- How are you feeling about the COVID-19 vaccines?
- Is there anything you want to know?
- What kinds of things are you hearing about the vaccines?
- Can you tell me what is worrying you?
- How can I support you in making your decision?

Step 2. Be ready to explain how COVID-19 vaccines work.

A person's baseline knowledge impacts what they need to know to make an informed decision. You can provide straightforward explanations that honor each person's level of knowledge and addresses what they want to know. Be prepared to answer some basic questions about how the vaccines work such as:

- What is a virus?
- What is the vaccine doing once it is in my body?
- What is mRNA?
- What is a viral vector?
- Can I catch COVID-19 from the vaccine?
- Is it possible to still get COVID-19 after being vaccinated?
- If the virus changes or mutates, will the vaccines still work?

Try to use plain language and avoid medical jargon. When possible, use familiar examples and comparisons. Reframe your explanations if patients seem lost or confused and invite follow-up questions. Information to answer these questions is at the end of this discussion guide.

Step 3. Prepare to answer common question

Suggested answers for building confidence

Below are some options you could use to continue the conversation when patients have questions or express that they may not want to get vaccinated. In every case, invite them to reach out to you any time they have more questions, or if you offer vaccination, when they decide they want to get vaccinated.

Q. I am not going to get the vaccine.

A: Why have you made that decision? What would it take for you to feel comfortable getting vaccinated? Do you have any questions about the vaccines? Would you like to talk about what you can do to protect yourself right now and where getting vaccinated fits into that? I will probably ask you about vaccination again next time I see you in case you have new questions or are ready to think about it again.

Q. I am going to wait a while.
A. That can be a reasonable choice. I am worried though about the risk that you could get sick with COVID-19 in the meantime. What is making you want to wait? Is there anything that would help you feel more confident about getting vaccinated? When do you think you will be ready to think about it again?

Q. I already had COVID-19.
A: I recommend you go ahead with vaccination even though you had COVID-19. There is a good chance you will have some protection against getting COVID-19 for a few months after being sick. However, we do not know how long that protection lasts, and people can get COVID-19 more than once. Getting vaccinated is recommended even if you had COVID-19 to help prevent you from getting it again. Also, the vaccines may help boost any natural protection you have.

Q. My family does not want me to get vaccinated.
A: What are your own thoughts? Are there questions I can answer for you? If you decide you want to get vaccinated, what might help your family feel more confident?

Suggested answers for questions about vaccine safety and development

Identify: Are there specific concerns? What have they heard? Are they afraid of the vaccines?

Q: Are the vaccines safe?
A: Three vaccines are available: The Pfizer-BioNTech and Moderna vaccines are two doses, and the Johnson & Johnson (Janssen) is one dose. All of them provide significant protection against COVID-19 and protect against virus-related hospitalization and death. There were no serious safety concerns in any of the clinical trials. The U.S. Food and Drug Administration (FDA) makes sure all food and drugs, including vaccines, are safe. The FDA authorizes vaccines only if they are safe and effective. Because vaccines are given to millions of healthy people to prevent serious diseases, they're held to very high safety standards, and their safety is constantly monitored.

Deeper Dive: In mid-April, a pause in administering the Johnson & Johnson vaccine was made out of abundance of caution after there were initially six reported cases of a rare type of blood clot in individuals after vaccination. Through their review, the FDA and CDC determined that blood clotting with low platelets (called thrombosis with thrombocytopenia syndrome – TTS) from the Johnson & Johnson vaccine is extremely rare and that the benefits of the vaccine in preventing serious illness, hospitalization and death far outweighed the risk—resulting in the recommendation to resume the use of the Johnson & Johnson vaccine.

Q. Who makes sure the vaccines are safe and can prevent COVID-19?
A: The U.S. Food and Drug Administration (FDA) makes sure all food and drugs are safe. The COVID-19 vaccines must pass clinical trials like other drugs and vaccines. The FDA checks the work and authorizes vaccines only if they are safe and effective. Because vaccines are given to millions of healthy people to prevent serious diseases, they're held to very high safety standards.

Q. How could the vaccines be developed so quickly?
A: Development of the vaccines involved an unprecedented amount of resources to make the vaccine available as quickly as possible. Scientists built on many years of research from other vaccines, including research on vaccines for other coronaviruses.

Deeper Dive: The FDA can get vaccines to people faster through an Emergency Use Authorization (EUA). After the FDA has authorized a vaccine, the Centers for Disease Control and Prevention's (CDC) independent advisory committee reviews the data before advising the CDC on recommending a vaccine for use among the general public. Like all vaccines, the FDA keeps checking safety through the Vaccine Adverse Events Reporting System (VAERS). Health care providers are required to report serious side effects, or if someone gets seriously ill with COVID-19. There is also a smartphone app called V-SAFE that uses text messaging and web surveys to do health check-ins after people receive a COVID-19 vaccination. People can report any problems they may have with a vaccine through V-SAFE.

Q. Did they skip any steps?

A: They did not skip any steps. The studies followed the same steps as studies for any other vaccine. The reason the vaccines were given Emergency Use Authorization (EUA) instead of FDA approval has to do with the ability to get the vaccines to the public quickly. Like all vaccines, the COVID-19 vaccines were first studied in smaller studies to establish that there were no immediate safety concerns, and that they were likely to protect against COVID-19. Then, large studies were organized with tens of thousands of people to confirm the vaccines worked and to look further for safety concerns. The studies had to meet criteria showing that the vaccines worked. There also had to be at least two months of follow-up safety data before the FDA would consider authorization. Even after a vaccine is authorized, safety monitoring continues.

Q: Has the FDA approved any of the vaccines?

A: The U.S. Food and Drug Administration (FDA) approved the Pfizer-BioNTech COVID-19 vaccine, which Pfizer is calling Comirnaty, for the prevention of COVID-19 disease in individuals 16 years of age and older. The Pfizer vaccine will continue to be available under EUA for teens 12 to 15 and for the administration of a third dose in certain immunocompromised individuals. FDA approval for these populations will require additional time as the vaccine was not authorized for such use until more recently. All available vaccines in the United States have been under an EUA. Rigorous clinical trials among thousands of people have proven that vaccines are safe and effective. Almost 200 million Americans have been safely vaccinated against COVID-19.

Suggested answers to support informed decision making

Identify: Are they curious about the science? Are they concerned the vaccine will change something in their body? What have they heard? Is there a vaccine they want?

Q: How do the vaccines work?

A: You cannot get COVID-19 from the vaccines. All of the currently authorized vaccines give your body temporary instructions to make a protein. The two-dose vaccines use mRNA technology, while the one-dose vaccine uses DNA technology to provide these instructions. This protein safely teaches your body to make germ-fighting antibodies against the COVID-19 virus. These germ-fighting antibodies are then ready to fight off the real COVID-19 if it ever tries to attack you. Your body naturally breaks down everything in the vaccine. There is no COVID-19 virus in the vaccine, and none of the vaccines can change your DNA.

Q: Will I be able to choose which vaccine I take? If so, which vaccine is the best vaccine?

A: The best vaccine is the first one available to you—all are tested, safe and effective. Three vaccines are currently authorized in the United States. All three available vaccines are extremely effective in preventing hospitalization and death caused by COVID-19 with no serious safety concerns.

Deeper Dive: The Pfizer, Moderna, and Johnson & Johnson vaccines were built on decades of previous work on similar vaccines. The vaccines were tested at different times and different places; Johnson & Johnson clinical trials were conducted later and in other countries, including Brazil and South Africa with high rates of COVID-19 variants. All the vaccines have proven effective in preventing the spread of COVID-19, reducing serious illness, and preventing hospitalization and death from COVID-19.

Q: Do people who have had COVID-19 still need to be vaccinated?

A: Yes. The vaccine works to protect you against a future infection. You don't need a COVID-19 test before vaccination. It is safe to get vaccinated with any of the authorized vaccines if you have been infected in the past.

Deeper Dive: If you were treated for COVID-19 symptoms with monoclonal antibodies or convalescent plasma, you should wait 90 days before getting a COVID-19 vaccine. Talk to your doctor if you are unsure what treatments you received or if you have more questions about getting a COVID-19 vaccine.

Q: For how long will the vaccine protect me against COVID-19?

A: Since the clinical trials ended recently, we know that the vaccines can protect people from COVID-19 illness for at least two to six months. We'll know even more about how long the immunity from the vaccines lasts as people have been vaccinated for a longer period of time. With additional data, we will know if COVID- 19 vaccines will need to be given yearly, like the flu shot.

Q: Are children able to get the vaccine?

A: The Pfizer vaccine can be given to children aged 12 and up. Children below the age of 12 are not yet eligible to receive the vaccines, but the option for younger children ages 5-11 to get the Pfizer vaccine may be coming soon. The FDA is already reviewing the clinical trial data from Pfizer to make sure the vaccine will be safe and effective for this age group.

Deeper Dive: Pfizer and Moderna are both currently conducting clinical trials in children down to age 6 months. Johnson & Johnson is currently conducting a clinical trial in adolescents ages 12 to 17.

Q. If the virus changes or mutates, will the vaccines still work?

A: It is normal for a virus to mutate (change) over time and for new variants to occur. Several variants of the virus that causes COVID-19 have been identified. Some of these variants seem to spread more easily and quickly than others and may cause more severe disease. This can lead to an increase in COVID-19 cases, hospitalizations and deaths. The presence of these variants makes it even more important to get vaccinated. Scientists are working to learn more about these variants and how they affect vaccines.

Deeper Dive: During Summer 2021, the Delta variant arose as the primary strain of COVID-19 in the U.S. The COVID-19 vaccines authorized in the United States continue to be remarkably effective in reducing risk of severe disease, hospitalization, and death, even against the widely circulating Delta variant. Although we continue to see highly effective protection against hospitalizations and severe outcomes for people who are fully vaccinated, we are seeing a decrease in vaccine effectiveness against mild to moderate infection—people getting sick but not severely ill and needing hospitalization. It is critical that unvaccinated and partially

vaccinated people get fully vaccinated to reduce the risk of COVID-19 and its more severe outcomes. Nearly all cases of severe disease, hospitalization, and death continue to occur among those not fully vaccinated.

To continue to protect against severe illness, hospitalization and death from COVID-19 as we head into the winter, the U.S. Department of Health and Human Services announced that planning is underway to support booster shots for the general population, likely beginning the end of September.

Q: Will I need to get a booster shot in the future?

A: Data has shown boosters can provide continued protection, especially as the Delta variant sweeps through the United States. On September 24, 2021 the Centers for Disease Control and Prevention (CDC) made its recommendation regarding Pfizer booster doses and has authorized booster administration for certain populations. Although Pfizer boosters received authorization limited to certain populations, booster shots may be available to the general population pending further review and recommendations from Food and Drug and Administration (FDA) and the Centers for Disease Control and Prevention (CDC).

For now, boosters are only for those that had the Pfizer vaccine. More information will be coming for Moderna or Johnson & Johnson.

You can get a booster if it has been at least 6 months since your second Pfizer shot, and one of the following is true:

1. You are 65 or older.
2. You are 18 and older and:
    - You live or work in a nursing home or other long-term care residential facility.
    - You have a medical condition that puts you at high risk for severe illness, for example obesity, asthma, heart disease, high blood pressure, and diabetes.
    - You work in a high-risk profession, meaning you come into contact with a lot of people, and you don't know their vaccination status, for example, health care workers, first responders, teachers, food processing workers, retail and restaurant workers, and public transportation workers.
    - You live or work in a place where many people live together, for example, homeless shelters, correctional facilities, migrant farm housing, dormitories or other group living settings in colleges or universities.

These are just examples and not meant to be a complete list—so if you think you fall into one of these groups but aren't sure, we can together discuss if a booster might be right for you.

We'll be getting more information on boosters for Johnson & Johnson and Moderna soon. Scientists are doing a thorough review of all the data available to them before we have a recommendation on what is needed and safe for people. It is likely that both of these will require a booster.

Q: What is the difference between a booster and an additional dose?

A: An additional dose is intended for those who never built the necessary immune response with the standard vaccine dose (in this case, two doses for Pfizer and Moderna vaccines). Although the FDA has expanded their Emergency Use Authorization for additional doses for the Pfizer and Moderna COVID-19 vaccines, additional doses have been authorized specifically for immunocompromised people only. For Pfizer this applies to immunocompromised persons aged 12 or older and for Moderna aged 18 or older. The Johnson & Johnson vaccine has not received approval for an additional dose at this time.

A booster dose is administered when the initial immune response to a primary series has weakened over time. In certain populations, a single Pfizer-BioNTech vaccine booster dose is recommended at least 6 months following completion of a Pfizer vaccine primary series.

Q: Can I get an additional dose?

A: If you are moderately or severely immunocompromised, you are now eligible to receive an additional dose to help you build an adequate immune response. The third dose just needs to be at least 28 days after you finished the initial two doses for Pfizer or Moderna. For Pfizer this applies to immunocompromised persons ages 12 or older and for Moderna ages 18 or older. The Johnson & Johnson vaccine has not received approval for an additional dose at this time. An immunocompromised condition is something you would have to self-attest to, but I can help you make an informed decision.

Suggested answers about vaccine side effects

Identify: What side effects are they concerned about? Is there a specific vaccine or side effect that they are worried about? Do they think the vaccine will cause something worse than COVID-19?

Q: Are there side effects from the vaccine?

A: No serious side effects were reported in clinical trials. Temporary reactions after receiving the vaccine may include a sore arm, headache, feeling tired and achy for a day or two, or in some cases, fever. In most cases, these temporary reactions are normal and good signs that your body is building protection! You can take medicines like Tylenol or ibuprofen after receiving your shot to help with these temporary reactions.

Q. Has anyone had severe or dangerous side effects or reactions to the vaccines?

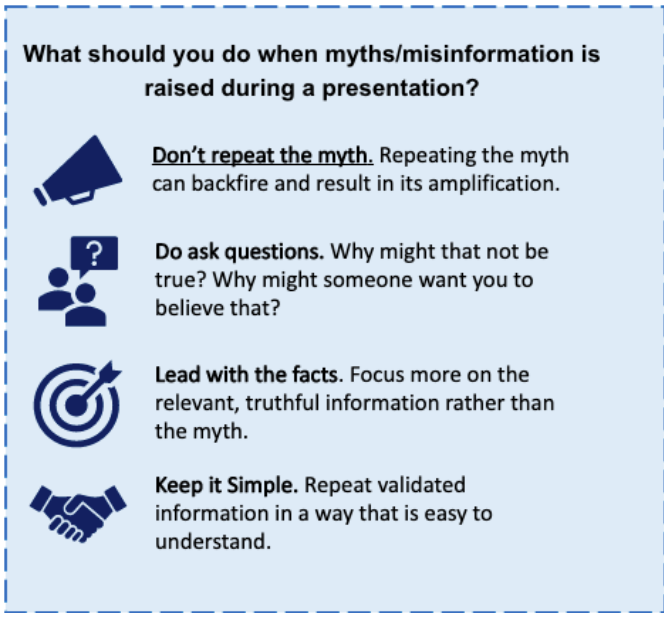
A: A small number of people have experienced anaphylaxis, a serious allergic reaction that requires emergency treatment. So far, reports of anaphylaxis are uncommon. For every one million people who receive the Pfizer or Moderna vaccines, fewer than five people experience a severe allergic reaction. In the clinical trials for the Johnson & Johnson vaccine, severe allergic reactions were very uncommon as well. Patients will be observed after vaccination in case they develop a side effect that requires medical attention.

In April 2021, after a brief pause and careful investigation, the CDC and FDA recommend resuming the use of the Johnson & Johnson vaccine to prevent serious illness, hospitalization and death from COVID-19. Following this guidance, NCDHHS has recommended that North Carolina vaccine providers resume the use of Johnson & Johnson vaccines now that their safety has been reaffirmed. The pause and investigation show that our safety system is working—and that people can be confident in the safety and effectiveness of the approved vaccines.

The pause was made out of abundance of caution after there were initially six reported cases of a rare type of blood clot in individuals after receiving the Johnson & Johnson COVID-19 vaccine. This potential reaction is very rare as millions of people have received the Johnson & Johnson vaccine. During the pause, 9 additional cases were identified, resulting in 15 total cases, including the original six reported cases among more than 8 million doses given. Nearly all reports of this serious condition have been in adult women younger than 50 years old. None were in North Carolina. It was determined that blood clotting with low platelets (called thrombosis with thrombocytopenia syndrome – TTS) from the Johnson

& Johnson vaccine is extremely rare and that the benefits of the vaccine in preventing serious illness, hospitalization and death far outweighed the risk. People, especially women younger than 50 years old, should be aware of the rare but increased risk of the adverse event and that there are other COVID-19 vaccine options available for which this risk has not been seen.

Since April 2021 there have been over one thousand (1000+) reports of inflammation of the heart—known as myocarditis. Although, one thousand seems like a large number, incidence of myocarditis is incredibly rare given the hundreds of millions of doses administered. These cases generally occur after the second dose of mRNA vaccine (Pfizer or Moderna), in male adolescents ages 16 years and older, and symptoms present typically within several days after vaccination. Most patients who received care responded favorably and recovered quickly. These are rare, temporary side effects and no deaths have been reported. Patients can usually return to their normal daily activities after their symptoms improve. Heart inflammation happens more often and is more severe in teens who contract COVID-19 than those who get vaccinated. The CDC continues to recommend COVID-19 vaccines for everyone 12 years and older.



Responding to misinformation

Identify: Are there specific concerns? What have they heard, and from whom? Is religion a factor?

With misinformation about vaccines circulating widely in some communities, we know that it can be frustrating and challenging to address misinformation. However, the goal of these conversations is to invite people to engage with us. Ask patients to share anything concerning that they have heard about the vaccine. Address inaccurate information without dismissing their concerns. We encourage anyone counseling patients on COVID-19 vaccines to use these tips, practice patience when answering questions, and to refrain from dominating the conversation with facts.

Q: Does the vaccine affect fertility?

A: No. The American College of Obstetricians and Gynecologists (ACOG) recommends vaccination for all eligible people, including those who may want to get pregnant. There have been no safety data to suggest that the vaccines impact the ability of a woman to get pregnant. Similarly, the Society for Male Reproduction and Urology recommends that men who desire fertility should be encouraged to get vaccinated. The American Society for Reproductive Medicine has also stated that there is no evidence of fertility loss due to COVID-19 vaccines.

Deeper Dive: Patients scheduled for reproductive services, such as oocyte retrieval, embryo transfer, and intrauterine insemination, should avoid getting the vaccine for 3 days prior to and after the procedure. This recommendation is not because vaccination is unsafe, but to make sure that doctors can confidently monitor pre-procedural and post-procedural symptoms.

Q: I am pregnant, should I get the vaccine?

A: COVID-19 vaccination is recommended for all people aged 12 years and older, including people who are pregnant, breastfeeding, or trying to get pregnant now or might become pregnant in the future. Pregnant and recently pregnant people are more likely to get severely ill with COVID-19 compared with non-pregnant people. Getting a COVID-19 vaccine during pregnancy can protect you from severe illness from COVID-19. In a new analysis from the v-safe pregnancy registry, scientists did not find an increased risk of miscarriage among people who received the vaccine before 20 weeks. Previous findings from three safety monitoring systems did not find any safety concerns for pregnant individuals, or their babies, when vaccinated late in pregnancy. The growing evidence about the safety and efficacy of COVID-19 vaccines during pregnancy suggest receiving the vaccine outweighs potential risks of not receiving and contracting COVID-19 during pregnancy, which has the potential to create severe illness and pregnancy complications.

Q: Are there fetal cells or fetal tissues in the vaccine?

A: None of the vaccines contain fetal cells or fetal tissues. Fetal cells were used in research to develop all three vaccines. Vaccines commonly use fetal cells in development. The Pfizer and Moderna vaccines do not require the use of any fetal cells to produce the vaccines. In order to produce the vaccine, the Johnson and Johnson vaccine uses fetal cells that were isolated over 30 years ago.

Q: Can anything in the vaccine be tracked?

A: No, nothing in the vaccine can be tracked and the vaccine is naturally broken down by your body after it finishes making you stronger.

Suggested answers for helping patients navigate to a vaccine

Identify: Are they having difficulty finding a vaccine provider? What resources do they need?

Q: Where will I be able to get vaccinated?

A: If vaccine is not available in your clinic, you can direct patients to the Vaccine Finder tool, an easy-to-use online tool to help individuals find their spot to get a vaccination in NC, including vaccine provider locations and contact information.

Q: How do I get a second dose?

A: North Carolina uses a secure data system called the COVID-19 Vaccine Management System (CVMS) to make sure you get your second shot at the right time. When you get your first shot, you will be asked to make an appointment for your second dose. You will also be given a card with information about which vaccine you got for your first dose and the date of that shot. Keep the card in a safe spot and take a picture of it just in case it gets misplaced. You may also receive an email notification with a reminder for the second shot. You are encouraged to get your second shot from the same vaccine provider.

Q: What kind of identification will be required to get vaccinated?

Identify: Are they afraid of being turned away? Are there concerns over payment? Are they worried about repercussions in regard to immigration?

A: North Carolina does not require a government-issued identification card, like a driver's license, to be vaccinated. Vaccine providers may ask you to pre-register, to fill out a form on-site with you name, address and date of birth, or ask for a bill or other document with your name and address on it. For people with health insurance, vaccine providers may ask for photo-identification or health insurance care in order to bill correctly, but lack of government issued ID or lack of health insurance will not prevent you from receiving a vaccine.

Deeper Dive: Vaccines are available to anyone in North Carolina, regardless of their immigration status. None of the information collected by vaccine providers is sent to ICE. To follow state law, North Carolina submits year of birth (not date of birth), the first 3 digits of the vaccine's recipient's zip code (as long as that zip code includes more than 20,000 people), as well as the date of submission of the vaccination record to the CDC, but no information that can be identify an individual.

Suggested answers to appeal to positive emotions

Identify: Are they excited to return to normalcy? Do they want to travel or visit family? What are they looking forward to most? Do they want their kids and teens to be safer in school?

Q. Why should I get vaccinated?

A: The COVID-19 vaccines are very good at protecting people from severe COVID-19 illness, hospitalization and death. Getting vaccinated is much safer than getting sick with COVID-19. It protects you, your family and others. The more people who are vaccinated, the more likely we can get back to the people and places we love.

Q: What can I start doing differently after I have been fully vaccinated?

A: Fully vaccinated people can participate in many of the activities that they did before the pandemic; for some of these activities, they should wear a mask. Although infections happen in only a small proportion of people who are fully vaccinated, even with the Delta variant, preliminary evidence suggests that fully vaccinated people who do become infected with the Delta variant can spread the virus to others. People who are fully vaccinated should:

- Wear a mask in all indoor public spaces if you live in area of high or substantial levels transmission as defined by the CDC until more people are vaccinated and viral transmission decreases.
- Wear a face covering in all K-12 schools, child care, indoor settings with a large number of children or child- focused activities (e.g, children's museums), public transportation, healthcare settings, high density congregate settings (e.g., correction and detention facilities, homeless shelters, migrant farm camps), and large crowded indoor venues (e.g., arenas, stadiums).
- Get tested if you have any symptoms of COVID-19. After an exposure to COVID-19, you should get tested 3-5 days after exposure and wear a mask around others until you get a negative test result.

Q: If everyone else is getting vaccinated, do I need to?

A: Yes. It is incredibly important that everyone in North Carolina do their part to help get as many people vaccinated as possible. This is especially important now with the highly contagious Delta variant, increasing cases and hospitalizations. The more people who are vaccinated, the faster we will end the pandemic and the more confident each one of us can be that we and our loved ones are protected as we get back to the people and places we love. To protect those who cannot be vaccinated due to age or medical conditions, we need everyone who can safely get vaccinated to do so.

Step 4. Make getting vaccinated easy

Here is information to help you support patients in getting vaccinated and answer their questions about the process:

1. Alleviate concerns: Inform patients that COVID-19 vaccination is provided at no cost and is available regardless of immigration status and health insurance.

2. Become a vaccine provider. If your practice is not already set up to administer COVID-19 vaccines, register to become a vaccine provider through the COVID-19 Vaccine Management System (CVMS) and learn more about North Carolina's COVID-19 vaccine program.

3. Make it simple to get an appointment:

- If you offer a COVID-19 vaccine, have staff available to answer phones or have a clear message on voicemail. Be proactive in reaching out to patients so they know what to do.
- If you do not offer vaccination, you and your staff can help your patients get an appointment by going to vaccines.gov to find a nearby vaccine provider.
- Provide patients with the information they need to schedule their own appointment:
    - Help patients navigate to the vaccines.gov website to locate a vaccine provider near them.
    - Share information about the NC COVID-19 hotline (1-888-675-4567) to answer questions and provide assistance.
    - Let patients know that they can call their local transit agency to get a free ride to their vaccine appointment
    - For homebound patients, connect them to the homebound vaccine provider in their county.
- Use our communication toolkit to provide information that is appropriate to your patient population, such as telephone, text, mail, email or social media. Remember, not everyone has access to or is comfortable using technology.