COVID-19 Vaccine
Talking Points Booklet
(For Leadership and Employee Reference)

December 21, 2020
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INTRODUCTION - PURPOSE

This document is intended for the following purpose:

• To serve as a resource for leadership and employees to provide Community members and GRHC patients with the latest, accurate information about the GRIC vaccine program.

• To communicate what is currently known about the vaccine. This document will be regularly updated so that GRIC leadership and employees may maintain dialogue with GRIC members, stakeholders, and GRHC patients throughout the vaccine distribution and administration process.

As more information is available, the Joint Information Committee of the Governor’s Task Force Unified Command will provide revisions.

These talking points were derived from the following sources: Gila River Health Care, GRIC Tribal Health Services, The Center for Disease Control and Prevention, US Food and Drug Administration, The World Health Organization, Arizona Department of Health, Maricopa County Department of Health, and the US Dept of Health and Human Services.

Should you have questions you would like answered in this briefing, please submit them to: Runner@grhc.org
Gila River Health Care (GRHC), has received the first batch of the Pfizer COVID-19 vaccine from Indian Health Service. Plans are underway to distribute the vaccine.

**GETTING VACCINATED – VACCINE PREPAREDNESS AND DISTRIBUTION:**

**Who will receive the vaccines first?**
The COVID-19 vaccine will be given to priority groups as identified in the first phase of the vaccine rollout. Along with GRIC tribal government, Gila River Health Care is finalizing plans for receiving and administrating the vaccines for our Community.

In the coming days, you will be informed about the vaccines’ availability for the initial priority groups within our Community; and for others in the coming weeks and months.

**How is GRHC/GRIC going to distribute the vaccine?**
The first round of vaccinations will occur in three phases. The phases are broken down as follows:

**Phase 1a:** Healthcare workers, Long Term Care Facility (LTCF) residents, Elders with health concerns, & dialysis patients  
- Examples: Hospitals, Outpatient Providers, Home Health Care, EMS, Pharmacies, Public Health

**Phase 1b:** Essential workers  
- Examples: Police, Firefighters, Corrections Officers, Education Sector, Food & Agriculture, Utilities, Transportation

**Phase 1c:** Adults with high-risk medical conditions & Adults 65+  
- Examples: Obesity, Diabetes, COPD, Heart Condition, Chronic Kidney Disease, Cancer, Solid Organ Transplant, Sickle Cell Disease

**Is GRHC prepared to handle and distribute the vaccine?**
Yes, GRHC clinical staff have received information about COVID-19 vaccine Emergency Use Authorization (EUA) and safety, as well as general information about vaccine storage, handling, administration, and reporting.

**What is a priority group?**
Adults with high-risk medical conditions who possess risk factors for severe COVID-19 illness. This group includes Elders with health concerns and dialysis patients.

*Important note: At this time neither Pfizer nor Moderna is applying for a Pediatric Indication for their vaccine.*
Since there are so many vaccines in production, which one will the Gila River Indian Community receive?

At this time we have opted to receive two mRNA vaccines. The results from PHASE III clinical trials from Pfizer/BioNTech and Moderna are summarized below:

BNT162b2 vaccine (Pfizer/BioNTech) Final analysis of 170 detected COVID-19 cases in 43K trial participants
• 162 detected COVID-19 cases in placebo group / 8 detected COVID-19 cases in vaccine group
• 95% effective 7 days post 2nd dose
• 94% effective in adults 65 years and older
• No serious safety concerns but transient symptoms such as headache, myalgia and fatigue were noted in the vaccine group within the first 24 hours post-vaccination and lasting 24-48 hours
• Approved for EUA on Friday, December 11, 2020

mRNA-1273 vaccine (Moderna)
• Final analysis of 196 detected COVID-19 cases in 30K trial participants
• 185 detected COVID-19 cases in placebo group / 11 detected COVID-19 cases in vaccine group – all 30 of the severe cases in the placebo group
• 94.1% effective 2 weeks post 2nd dose
• No serious side effects but transient symptoms such as headache, myalgia and fatigue were noted in the vaccine group within the first 24 hours post-vaccination and lasting 24-48 hours
• Approved for EUA on Friday, December 18, 2020

When will the vaccine be available?
TBD

How many doses will I need?
All but one of the COVID-19 vaccines currently in Phase 3 clinical trials in the United States need two shots to be effective. The other COVID-19 vaccine uses one shot.

Will there be enough vaccine for everyone?
The goal is for everyone to be able to easily get a COVID-19 vaccine as soon as large quantities are available. Several thousand vaccination providers will be available, including doctors’ offices, retail pharmacies, hospitals, and federally qualified health centers.

OPERATION WARP SPEED

This vaccine seems rushed, how can this happen so fast?
• Operation Warp Speed is a partnership among components of the Department of Health and Human Services (HHS) and the Department of Defense to help develop, make, and distribute millions of vaccine doses for COVID-19 as quickly as possible while ensuring that the vaccines are safe and that they work.

• Operation Warp Speed allowed for the breakdown of the typical barriers that slow the progress of vaccine development. This included open communication between multiple scientific groups, increased funding, and advanced research capabilities.
VACCINE HISTORY

Has there been a coronavirus vaccine developed before? What is known about it and can it be helpful today with the COVID-19 vaccine?

Severe acute respiratory syndrome (SARS) and Middle East respiratory syndrome (MERS) are two diseases caused by coronaviruses that are closely related to the virus that causes COVID-19. Researchers began working on developing vaccines for these diseases after they were discovered in 2003 and 2012, respectively. None of the SARS vaccines ever made it past the first stages of development and testing, in large part due to lack of interest because the virus disappeared. One MERS vaccine (MVA-MERS-S) successfully completed a phase 1 clinical trial in 2019. Lessons learned from this earlier vaccine research have been used to inform strategies for developing a COVID-19 vaccine.

VACCINE SAFETY, SIDE EFFECTS AND LONG TERM RISKS

Is the vaccine safe to use?
The vaccine has passed the safety data milestones required by FDA for Emergency Use Authorization (EUA). Data demonstrates that the vaccine was well tolerated across all populations with over 43,000 participants enrolled; no serious safety concerns observed; the only adverse event greater than 2% in frequency was fatigue at 3.8% and headache at 2.0%.

Are there any side effects? If so, what are they?
According to early data from Moderna, the two most common side effects were fatigue and muscle aches, both of which occurred in under 10 percent of participants. Pfizer-BioNTech SE’s vaccine produced even fewer side effects, with 3.8 percent of individuals reporting fatigue and 2 percent fever.

Preliminary data suggest that vaccine efficacy of the Pfizer-BioNTech COVID-19 vaccine is 95.0% following two doses in healthy adults. In addition:

- 85% of vaccinated persons developed at least one local injection site symptom and 77% developed at least one systemic symptom following vaccination.
- Most systemic post-vaccination symptoms are mild to moderate in severity, occur within the first three days of vaccination, and resolve within 1–2 days of onset.
- Symptoms are more frequent and severe following the second dose and among younger persons (aged 18–55 years) compared to older persons (aged >55 years).

What are the long term effects of the vaccine?
- Scientists are still learning more about the virus that causes COVID-19. And it is not known whether getting COVID-19 disease will protect everyone against getting it again, or, if it does, how long that protection might last.
- The vaccine was tested in large clinical trials to establish what is currently known about its safety and effectiveness. As this vaccine is new, long term safety and efficacy data are not yet available.

What are the risks of not getting the vaccine?
By not getting vaccinated, you run the risk of getting infected with the COVID-19 virus. You may be asymptomatic...
and continue to spread the virus throughout the Community without your knowing it. This can cause great harm to vulnerable individuals and the elderly.

**VACCINE FREQUENCY, EFFECTIVENESS, AND IMMUNITY**

**How effective is the vaccine?**
- Pfizer vaccine was determined to be 95% effective against COVID-19
- The Moderna vaccine was determined to be 94% effective against COVID-19

**Will I need time to recover after receiving the vaccine? Will I need to take time off from work?**
TBD

**How long will my immunity last?**
- The protection someone gains from having an infection (called natural immunity) varies depending on the disease, and it varies from person to person. Since this virus is new, we don’t know how long natural immunity might last. Some early evidence—based on some people—seems to suggest that natural immunity may not last very long.
- Regarding vaccination, we won’t know how long immunity lasts until we have a vaccine and more data on how well it works.
- Both natural immunity and vaccine-induced immunity are important aspects of COVID-19 that experts are trying to learn more about, and the CDC will keep the public informed as new evidence becomes available.

**Will I need to be vaccinated every year?**
A few people who have had COVID-19 have apparently had a second, often milder case of the disease, and researchers are exploring what this means in terms of how long immunity from the coronavirus lasts. Vaccine developers are looking at ways to boost the effectiveness of a vaccine so that it provides longer immune protection than a natural infection with the coronavirus.

**ANTIBODIES AND OTHER VACCINE OPTIONS**

**What if I already had COVID-19? Will I still need the vaccine?**
At this time, experts do not know how long someone is protected from getting sick again after recovering from COVID-19. The immunity someone gains from having an infection, called natural immunity, varies from person to person. Some early evidence suggests natural immunity may not last very long.

Due to the severe health risks associated with COVID-19 and the fact that re-infection with COVID-19 is possible, people may be advised to get a COVID-19 vaccine even if they have been sick with COVID-19 before.

**Are there other vaccines that help prevent me from getting COVID-19?**
There are currently no available vaccines that will prevent COVID-19. However, multiple agencies and groups in the United States are working together to make sure that a safe and effective COVID-19 vaccine is available as
quickly as possible.

**Will the flu vaccine prevent me from getting COVID-19?**
A flu vaccine will not protect you from getting COVID-19, but it can prevent you from getting influenza (flu) at the same time as COVID-19. This can keep you from having a more severe illness. While it’s not possible to say with certainty what will happen this winter, CDC believes it’s likely that flu viruses and the virus that causes COVID-19 will both be spreading during this time. That means that getting a flu vaccine is more important than ever.

**HERD IMMUNITY**

**What percentage of the population needs to get vaccinated to have herd immunity to COVID-19?**
Experts do not know what percentage of people would need to get vaccinated to achieve herd immunity to COVID-19. Herd immunity is a term used to describe when enough people have protection—either from previous infection or vaccination—that it is unlikely a virus or bacteria can spread and cause disease. As a result, everyone within the community is protected even if some people don’t have any protection themselves. The percentage of people who need to have protection in order to achieve herd immunity varies by disease.

**VACCINE HESITANCY AND COMMUNITY TRUST**

**Is the new COVID-19 vaccine safe for use?**
As of December 11, 2020, the Pfizer was officially authorized for use and distribution by the Food and Drug Administration. This vaccine has been proven to show 95% efficacy in clinical trials with minimal side effects.

**How can American Indians and Alaska Natives be confident that the COVID-19 vaccines will be safe and effective?**
- The NIH is the nation’s medical research agency leading the clinical trials network for COVID-19 vaccines. NIH is ensuring diversity in clinical trials, recognizing that American Indians and Alaska Native communities should be included in the studies, because it is essential for the development of vaccines that are safe and effective for these communities.
- Ongoing safety will be monitored by multiple mechanisms through local and national reporting.

**What if I refuse to take the vaccine?**
TBD

**What if I want to wait to take the vaccine?**
Since the first wave of vaccinations will be prioritized towards health-care workers and priority patients, you may not get to take the vaccine immediately. However, if you have the chance to take the vaccine, do so. The sooner you take it, the sooner your immunity can build up against COVID-19 and help prevent further spread.

**COVID-19 PREVENTION AND MASK MANDATES**

**What can I do to protect myself until a vaccine becomes available?**
You should stay home as much as possible. If you must go out for essentials, remember to wear a mask, avoid
close contact with others, do not gather, and wash your hands often or use hand sanitizer. Get more information about these and other steps you can take to protect yourself and others from COVID-19 at GRHC.ORG/HUB.

**Will I still need to wear a mask after I am vaccinated?**

- Yes. While experts learn more about the protection that COVID-19 vaccines provide under real-life conditions, it will be important for everyone to continue using all the tools available to us to help stop this pandemic, like covering your mouth and nose with a mask, washing hands often, and staying at least 6 feet away from others.

- Experts need to understand more about the protection that COVID-19 vaccines provide before deciding to change recommendations on steps everyone should take to slow the spread of the virus that causes COVID-19. Other factors, including how many people get vaccinated and how the virus is spreading in communities, will also affect this decision.

**When can I stop wearing a mask and avoiding close contact with others after I have been vaccinated?**

There is not enough information currently available to say if or when CDC will stop recommending that people wear masks and avoid close contact with others to help prevent the spread of the virus that causes COVID-19. Experts need to understand more about the protection that COVID-19 vaccines provide before making that decision. Other factors, including how many people get vaccinated and how the virus is spreading in communities, will also affect this decision.

**Why do we need to get vaccinated if we just keep doing things like physical distancing and wearing masks to prevent the spread of COVID-19?**

Stopping a pandemic requires using all the tools available. Vaccines work with your immune system so your body will be ready to fight the virus if you are exposed. Other steps, like covering your mouth and nose with a mask and staying at least 6 feet away from others, help reduce your chance of being exposed to the virus or spreading it to others. Together, COVID-19 vaccination and following CDC’s recommendations to protect yourself and others will offer the best protection from COVID-19.