
COVID-19 VACCINE

RISK COMMUNICATION UNIT
HEALTH PROMOTION BUREAU



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Key points of communication for health care staff

Technical information on the vaccine

Addressing vaccine eagerness

Addressing vaccine hesitancy

Necessity of continuing COVID-19 preventive behaviours together with vaccination



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Technical information on the vaccine



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What is vaccination against COVID-19?

A simple, safe and effective way of protection from COVID -19 virus

Uses body's natural defenses to build resistance to COVID-19

It makes your immune system stronger.

If a person is vaccinated the immune system recognize parts of the invading COVID -19 virus through memory cells which remember the virus.

Then immune system can then quickly destroy it before you become unwell.



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Why a vaccine?

Vaccines are important in preventing morbidity and mortality due to COVID-19 where non-pharmaceutical interventions, though crucial are unable to sustainably control disease spread

Populations all over the world, including Sri Lanka, are experiencing 'pandemic fatigue' and are tired of taking the necessary precautionary actions, including physical distancing and reduced social interactions

In this situation, a vaccine maybe the only possible exit from the pandemic



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Why is it important to get vaccinated?

COVID-19 virus is highly infectious and spreads quickly

COVID-19 can cause serious illness, hospitalization, long term complications and even death

Getting your vaccine as soon as it is offered to you should protect you and may help protect your family and those around you

Being in good health does not reduce your risk of catching COVID-19 and passing it on

You can get infected, with no symptoms and unknowingly spread the disease to your loved ones & others around you, who can become seriously ill

It is our social responsibility to get vaccinated to help reduce infection, serious illness and save lives. By getting vaccinated we are helping protect ourselves and society and doing our part to help win the battle against COVID-19



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What is the vaccine?

The Oxford/AstraZeneca vaccine is a vector vaccine and the initial one to be used in Sri Lanka

Other vaccines would also be possibly used in the near future

AstraZeneca is similar to live-attenuated vaccines (eg- MMR, Varicella/ Chickenpox vaccines)

However, the attenuated vaccine carries a foreign gene representing the antigen of interest (SARS-Cov2/ COVID-19) - the spike protein in SARS-Cov2

This allows both B and T cells, which are important cells in our immune system, to be activated producing strong immune responses and memory



Vaccines being used currently

Vaccine	Country of origin	Technology	Efficacy	Authorization/ Approval
Pfizer/BioNTech	Multinational	mRNA	94%	WHO (Emergency use validation,
Oxford AstraZeneca	UK	Viral vector (genetically modified virus)	62-90% (average 70%)	UK, India, etc.
Moderna	US	mRNA	95%	US, Canada, UK, etc
Sputnik V	Russia	Adenoviral vector based	91.4%	Russia, Palestine
CoronaVac	China	Inactivated virus	50 -70%	China, Turkey
Covaxin	India	Inactivated virus		India



	Pfizer	Moderna	AstraZeneca
Number of doses	2 21 days apart	2 28 days apart	2 4-12 weeks apart
How given	Muscle of upper arm (Intramuscular)	Muscle of upper arm (Intramuscular)	Muscle of upper arm (Intramuscular)
Age	16+	18+	18+
Storage temperature	-70 C	-20 C	2 -8 C



COVID-19 vaccines – WHO Information

As of mid December 2020 there were 56 COVID-19 candidate vaccines in clinical evaluation against COVID-19

Another 166 candidate vaccines were in pre-clinical evaluation

To date only the Pfizer vaccine has yet received emergency validation from the WHO (24th January 2021)

However, national medicine regulatory authorities of each country can authorize vaccines for use in their countries at national level (as has happened with vaccines mentioned above)



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How does the vaccine AstraZeneca work?

It is a viral vector vaccine, with an attenuated (modified to make it harmless) virus carrying a gene representing the antigen of interest (in this instance, the spike protein of the COVID-19 virus)

It involves generating responses to all or part of the spike protein that is unique to the virus causing COVID-19

When a person receives the vaccine, it will trigger an immune response and memory cells

If the person is infected by the virus later on, the immune system recognizes the virus and, because it is already prepared to attack the virus, protects the person from COVID-19



Benefits of vaccination

Lowers chance of infection with COVID-19

Less severe disease, less complications if you do get infected with COVID-19

Lowers chance of death

Lowers transmission



While vaccination is very important, we must remember...

Initially available supply of the vaccine will be limited

Several vaccines are needed to allow countries with as much vaccine as possible to increase the supply – thus Sri Lanka will get several vaccines in the near future

In the context of limited vaccine supply, vaccine alone will not be able to prevent transmission of COVID-19 disease

The vaccine does not absolutely prevent one from getting the infection

Because of this and factors such as efficacy, uncertainty about duration of protection, etc. **it is essential that other COVID-19 preventive behaviours are continued** (eg- wearing masks, physical distancing, hand hygiene, etc)

Before, during, and after vaccination, it is important to continue following standard precautions for infection prevention and control

Ensure that you are following the national and/or sub-national guidance and recommendations



Who can receive the vaccine?

All those over the age of 18 years who are not pregnant, not breastfeeding, did not have previous severe allergy to a vaccine, previous allergic reaction to the same vaccine dose or allergy to any component of the vaccine or severe allergy/anaphylaxis to other pharmaceutical product or food item (requiring hospitalization). If any allergic history, better to vaccinate in a hospital under medical care

As supply is initially limited, those needing it most or prioritized groups will receive it first. These are;

1. Health care Staff and other frontline officers in the battle against COVID-19 (tri-force members)
2. Elderly persons aged 60 years and above
3. Other age groups in descending order (older to younger) – 80% of eligible population is expected to be covered



Addressing vaccine eagerness



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Key communication points to address vaccine eagerness

Vaccine eagerness is the demand for the vaccine

There are concerns about equity in access to COVID-19 vaccines as all those needing it will not be able to get it, at least initially

As initial supply is less and demand is high, there is not enough vaccine for all those who want it. Thus, it has to be prioritized and given systematically & rationally.

It is very important that health care staff can respond to queries regarding prioritized groups (frontline workers including health staff and the elderly)

The rationale for prioritization is to make sure that those most likely to be exposed (through daily duties bringing them into contact with diseased, and being of essential service in managing the COVID crisis) and those most at risk for disease and complications are given the vaccine first



Why are health care and frontline workers prioritized?

High risk of being exposed to the virus in conducting their normal duties

Critical role in providing essential services

By being vaccinated, these frontline workers can help reduce risk of transmission to patients and community while continuing to provide essential services in health, quarantine and maintaining law and order

They will be advocates for vaccination and valued and trusted information sources for the community

They can give confidence to the general public, and win over those who may be reluctant to be vaccinated, by sharing their own vaccination experience as trusted community resource persons



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Why are the elderly prioritized?

Those aged 50 and above are most at risk

Risk increases with age

This group also has co-morbidities or other diseases such as non-communicable diseases which increases the risk of infection, hospitalization, complications and death

Hospital and health care resources maybe needed for longer durations in this group, if infected



Who is not eligible for the vaccine?

Pregnant ladies

Those who are breastfeeding

Those below 18 years of age

Those with previous allergic reactions to vaccination (medical advice should be obtained regarding this)

Those allergic to any component of the vaccine (medical advice should be obtained regarding this)

Severe allergy/ anaphylaxis to other pharmaceutical product or food item (requiring hospitalization)

In accordance with vaccine type, any others who have been specified to be unsuitable to receive a particular vaccine, in accordance with circulars and guidelines from the Epidemiology Unit

If any allergic history, better to vaccinate in a hospital under medical care



Who is eligible, but should not immediately come for vaccination?

Those who are currently infected with COVID-19 / COVID positive

Those in home quarantine or isolation (they should get another date for vaccination from their local MOH Office)

Those who are having fever or feeling very unwell (they should get another date for vaccination from their local MOH Office)



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Communication for vaccine hesitancy



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Addressing vaccine hesitancy – role of health care staff

Vaccine Hesitancy refers to delay in acceptance or refusal of vaccines despite availability of vaccine services

Health care workers are trusted and reliable community resource persons whose opinions and actions will be significant in influencing vaccine behaviour in their communities

Health care staff will play a very important advocacy role in minimizing vaccine hesitancy

Addressing concerns regarding and minimizing Adverse Events Following Immunization (AEFI) is also part of addressing vaccine hesitancy

Thus, health care workers have a great role to play in communicating relevant and requested information to the general public, increasing trust in the vaccination drive and minimizing vaccine hesitancy.

All Health care workers have a social responsibility in being cautious in communicating their immunization experience or personal feelings about immunization, as the greater public good of immunization needs to be ensured



Addressing common concerns - speed of vaccine development

There has been a huge effort globally in developing COVID-19 vaccines

Funding has not been a problem, with funds being directed to vaccine development

Evaluations of different vaccines which usually take months was done very fast as scientists around the world were working very hard get the vaccines out as soon as possible, as COVID-19 became a global health emergency

No short cuts have been taken

Proper clinical trials have been conducted

Vaccine safety was the most important factor

What we are seeing is possible achievement with huge commitment, sufficient funds and a large team of capable individuals working to achieve a common goal



Addressing concerns about the vaccine

The safety requirements for COVID-19 vaccines are the same as for any other vaccine and will not be lowered in the context of the pandemic

The COVID-19 vaccines are tested in a broad population of people –not only young, physically fit volunteers, but also older people and people with underlying health conditions



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Common side effects of the AstraZeneca Vaccine

Injection site pain

slight fever

muscle ache

Headache

Chills – in some



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Immunization error related reactions

These are preventable and must be prevented to ensure confidence and trust in the immunization programme

A) reconstitution error (e.g. use of incorrect diluent, diluent mistakenly substituted with a drug vial)

B) contamination of vaccine and/or syringe (e.g. touching the needle or the rubber cap of the vial with hand or other object, using the reconstituted vaccine after the maximum recommended time)

C) administration error (e.g. incorrect vaccination technique)

These can cause severe reactions, and may also lead to serious AEFI and result in death



Coincidental events

These are events that could happen after vaccination, but not caused by vaccine or vaccination processes

Adult and elderly populations with chronic diseases may develop conditions irrespective of vaccination that may be attributed to vaccine

Similar events may occur in healthy individuals where higher frequency of a specific condition, including any communicable disease, can be expected based on age, sex, geographic location or ethnic background



Serious side effects

Recently serious side effects of COVID-19 vaccines have been reported in media globally

This has caused anxiety among people regarding vaccination and possibly will contribute to vaccine hesitancy

All vaccinators must be competent in managing AEFI according to guidelines given by Epidemiology Unit

These had occurred in those with a history of severe allergies. Therefore, those with severe allergic reactions are advised to get vaccinated with medical advice

Both serious and non-serious events should be carefully monitored

All Adverse Effects Following Immunization (AEFI) must be reported to the head of the institution, Regional Epidemiologist and Epidemiology Unit (then and there to the MOH or Medical officer in closest hospital as stipulated by Epidemiology Unit)

In case of serious AEFI, inform your supervisor and Epidemiology Unit immediately (over telephone) and complete the reporting form within 24 hours



After vaccination

Vaccinated individuals should stay seated, under observation for 20 minutes after vaccination (as guided by the Epidemiology Unit)

Date for second vaccination must be given and recorded

Instructions regarding what to do if any side effects occur later (eg-fever) must be clearly given, together with any available hotline number



Continuation of preventive behaviours for COVID-19



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After the vaccine

It's not yet known whether having the vaccine stops you spreading the virus to others

So, it's very important that the preventive behaviours we have been practicing till now are continued ;

Wearing masks

Physical distancing

Proper technique in coughing / sneezing (respiratory etiquette)

Avoiding crowds

Clean hands

Self isolation if ill

All these remain extremely important and **MUST** be continued



Preventive behaviours are essential as

Full efficacy of vaccine is only after both doses have been received

Vaccine is not 100% effective. It gives considerable protection and together with other preventive behaviours will safeguard you from disease

Duration of immunity from completed vaccine schedule is still not known



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Immunity

No vaccine gives immunity to any virus 7-10 days after receiving just one dose

This is the case for all vaccines and not just the COVID-19 vaccines

Both doses have to be completed to experience full efficacy of vaccine

Still not enough data to say how long immunity will last



Why 2 doses?

The body generates a primary immune response when exposed to the virus for the first time /gets the 1st dose of the vaccine

The primary immune response is slow and weak - takes days for the body to generate enough antibodies and T cells to eliminate the virus

However, the body generates long-lasting memory B and T cells that “remember” the virus, generating immune memory

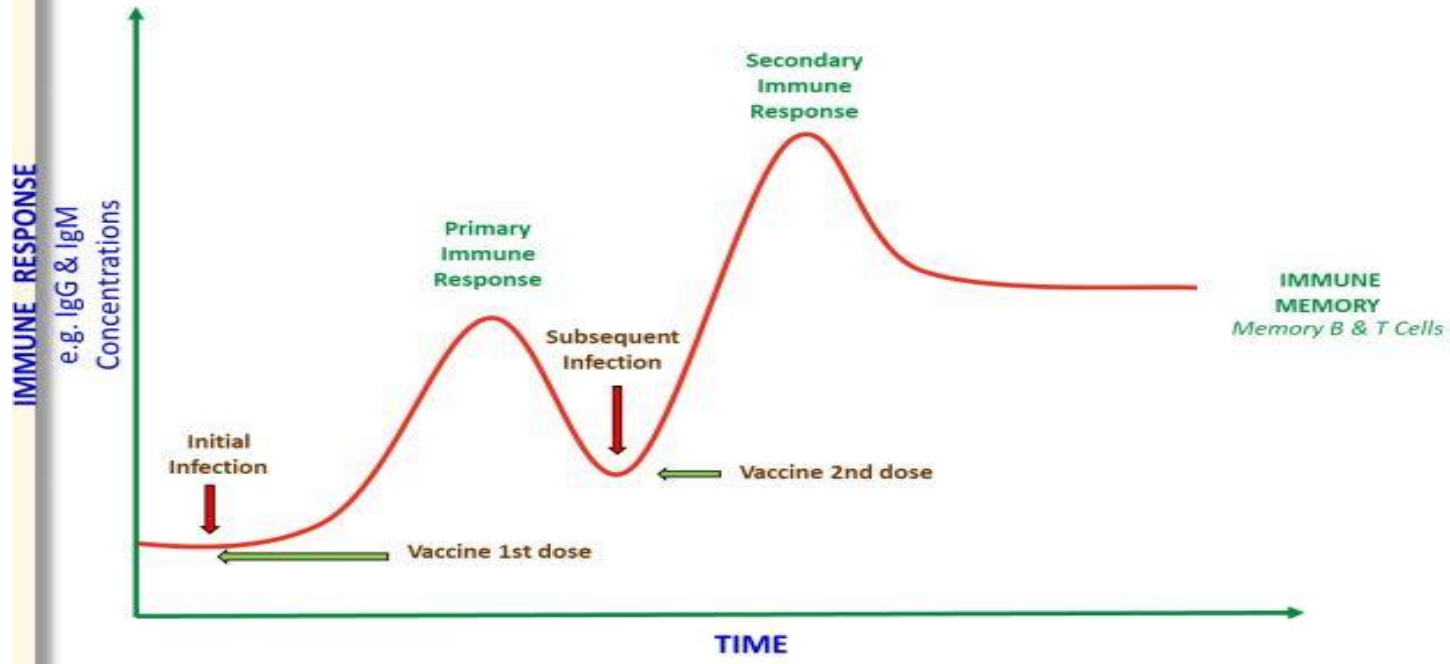
When the virus enters the body for the second time /2nd dose of the vaccine is given, the body develops a secondary immune response stronger and quicker than the primary immune response as memory B and T cells are rapidly activated

This results in higher antibody concentrations and T cell counts to eliminate the virus more quickly, reducing the symptoms and severity of COVID-19. Additionally, more memory B and T cells are produced after infection which strengthens memory of the SARS-CoV-2 virus.



Why 2 doses?

Why Two Doses ?



Other important factors



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Preparation for vaccine arrival

Ensure efficient internal communication and information sharing

Ensure that all circulars and guidelines on COVID-19 vaccination have been shared with all relevant staff in the vaccination team, including vaccine handling, storage, transport and administration

Ensure understanding of relevant team members on all circulars and guidelines on vaccination through relevant onsite training in line with instructions received from Epidemiology Unit

Maximize COVID-19 vaccinations to reduce wastage, when considering timing of vaccines

Inform the community and target groups in advance of the location and time of vaccination

Ensure good ventilation at vaccination sites



Information needed from all those receiving vaccine

National identity card number

Telephone number

Current address

MOH area



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Essential before vaccination

Briefing about vaccine including benefits and possible side effects

Informed consent in writing after answering any queries related to vaccine

Completing vaccination card

Informing about necessity of 2nd dose

Telling when she/ he should come for the 2nd dose

Prepared to manage AEFI, in accordance with guidelines given by Epidemiology Unit



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COVID-19 vaccination details

COVID-19 vaccine	Name of the Vaccine	Place of vaccination	Date of Vaccination	Batch number	Remarks
1 st dose			DD/MM/YYYY		
2 nd dose			DD/MM/YYYY		
			DD/MM/YYYY		
			DD/MM/YYYY		
			DD/MM/YYYY		
			DD/MM/YYYY		
			DD/MM/YYYY		
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			DD/MM/YYYY		
			DD/MM/YYYY		

அடுத்த உத்தரவு தேதி / அடுத்த வருகைக்கான திகதி / Next appointment date

DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY
DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY



During vaccination process

Ensure that all guidelines given by Epidemiology Unit are strictly adhered to

Ensure physical distancing and one way flow at vaccination sites

Do not return opened vaccine vials to the cold chain. Discard them according to existing standard operating procedures (SOPs)

Do not keep reconstituted vaccines for more than 6 hours after opening or after the end of an immunization session, whichever comes first –this may change once vaccine stability information is available

Never expose opened vials to direct heat, light or sunlight



Should those who have been infected with COVID-19 be vaccinated?

There is no knowledge yet as to how long immunity following recovery from infection will last

Even if you have already had COVID-19, you can still get it again

If you do get it again, the vaccine can reduce how serious the symptoms will be

So, those who have recovered should also get vaccinated, as a small proportion have been re-infected

Vaccination should not be while ill with COVID-19

Vaccination should be after a minimum of 2 weeks after recovery

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References

OpenWHO- COVID-19 training for health workers (<https://openwho.org/courses/covid-19-vaccination-healthworkers-en>)

Arastu Khusro, 2020. A Brief Introduction to Covid-19 Vaccines, London School of Hygiene and Tropical Medicine.

WHO websites



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THANK YOU..



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