What do I do if my patients don't want to talk about the vaccine?

Encourage patients who are ready for vaccination & provide them with resources. With hesitant patients, use motivational interviewing to explore concerns and discuss vaccination. Respect the wishes of patients who refuse vaccine information. Forcing discussion can undermine trust & make future conversations harder.

Patients present at different stages of vaccine acceptance: ready (prepared); hesitant (contemplating); or refusal (pre-contemplation).

- Encourage patients who are ready for vaccination & provide them with resources.
- With hesitant patients, use motivational interviewing to explore concerns and discuss vaccination.
- Respect the wishes of patients who refuse vaccine information. Forcing discussion can undermine trust & make future conversations harder.

Does talking with patients about COVID-19 vaccination matter?

YES!

Research shows healthcare providers are the most trusted source of information on COVID-19 vaccination, regardless of a patient’s gender, ethnicity, or politics (3).

"My doctor hasn't told me I need it" is a common reason patients report for not getting immunized. By saying nothing, you are saying something.

How do I raise the topic of COVID-19 vaccination?

Ask permission to talk about vaccines & start with open-ended questions

Ask how patients are coping during this pandemic and what they think about the COVID-19 vaccine. Recognize that patients may mistrust healthcare institutions due to personal, familial, and/or cultural experiences.

Then what should I say about vaccination?

WORDS MATTER: tell your patients that you recommend vaccination

An unequivocal endorsement from a healthcare provider is important to vaccine acceptance. However, some words are more effective than others (4,5):

- "Vaccination helps you take personal control of your life to reduce your risk for illness."
- "A safety board approved every study, and the FDA carefully reviewed every phase of every trial."
- "Vaccination boosts the body's natural defenses against disease to help protect you and your loved ones."

By starting the conversation while respecting your patients wherever they stand, you are paving the way for future change.
Yes. If you are pregnant, trying to become pregnant, or want to get pregnant in the future, you should get a COVID-19 vaccine. There is currently no evidence that COVID-19 vaccination causes any problems with pregnancy, including the development of the placenta. In addition, there is no evidence that female or male fertility problems are a side effect of any vaccine, including COVID-19 vaccines. For more OB-GYN related FAQs, please visit ACOG.

If I have already had COVID-19 and recovered, do I still need to get vaccinated for COVID-19?
Yes, you should be vaccinated regardless of whether you already had COVID-19. Research does not yet show how long protection from getting sick again lasts. Although rare, it is possible that you could be infected with the virus again. Studies do show that vaccination provides a strong boost in protection in people who had COVID-19. If you were treated with monoclonal antibodies or convalescent plasma, or if you have a history of MIS-A or MIS-C, talk to your doctor and wait 90 days before vaccination.

Should I get the vaccine even with new variants and the possible need for booster shots?
YES. The COVID-19 vaccines continue to be highly effective in reducing risk of severe disease & death, even against new variants. However, no vaccines can prevent 100% of infections. Protection can decrease over time, so booster shots may be recommended. In the meantime, vaccination is still the best protection against COVID-19.

Will a COVID-19 vaccine alter my DNA?
No. COVID-19 vaccines do not change or interact with your DNA.

CDC Vaccine FAQs: https://www.cdc.gov/coronavirus/2019-ncov/vaccines/faq.html

Fulton County COVID-19 hotline: 404-613-8150, 8 a.m. to 5:30 p.m. weekdays
Georgia Department of Public Health COVID-19 Vaccine Hotline: 888-357-0169