

Understanding immunization
and the COVID-19 vaccines.



POWER & IMMUNITY

INFORMATION FOR
PROTECTING OUR BODIES &
OUR COMMUNITIES



POWER & IMMUNITY

An informational guide for understanding immunization and the COVID-19 vaccine

HOW TO USE THIS GUIDE

National vaccination initiatives in the United States support the critical work of achieving health equity for African American, Indigenous, and other people of color. While this guide is not intended to be a persuasive tool, it has been developed to provide families and individuals with the information they need to explore concerns, answer questions, and start a conversation about general immunization and the COVID-19 vaccine.

The information you'll find here is a brief compilation of the vast information provided by the Centers for Disease Control and Prevention (CDC), the U.S. Food and Drug Administration (FDA), and other credible sources. It also features trusted African American voices and celebrates their continued contributions in saving American lives.

Use this guide:

- to supplement your own research on the vaccines;
- to start a dialogue with your friends, physician, pastor and family members;
- to share accurate information on social media;
- to get to know the contributions of African American scientists and public health advocates who are helping to bring this pandemic to an end.

The most influential voices are often those closest to you. Use this guide to help keep one another accountable as you seek out the best information for making personal and community health decisions.

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PROTECTING OUR LEGACY

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DR. KIZZMEKIA CORBETT

Scientific lead for the Coronavirus Vaccines & Immunopathogenesis Team
National Institutes of Health (NIH), Vaccine Research Center

You've earned the right to ask the questions that you have around these vaccines and this vaccine development process. Trust—especially when it has been stripped from people—has to be rebuilt in a brick-by-brick fashion. I'm going to do my part in laying those bricks.

Source: CNN



INTRODUCTION

BETTER FOR IT

African Americans across the U.S. have deepened our country's legacy of ingenuity, creativity and endurance. Yet social injustice like wealth gaps and health disparities continue to stifle our ability to secure legacies for our own families. Despite social and economic injustice, though, we continue to stand up for our personal wellbeing and that of the next generation. We are unafraid to call into question anything that threatens that legacy. We lean into skepticism and heed the wisdom that the past has taught us—and we have been better for it. In fact, we have often saved our own lives.

In the wake of the COVID-19 pandemic, our heroism has been called upon again. Authorized vaccines for the virus have emerged, and we are now charged with making a critically important decision about our health, immunization, and specifically vaccinating

against the novel coronavirus. We are charged with choosing the best option for protecting both our wellbeing and our legacy.

Decisions about health, immunization, and new vaccines should never be unduly rushed without thorough investigation. The good news is that the information we need is available.

The Center for Black Health & Equity is proud to partner with The American Lung Association to provide a guide that will help us clarify scientific facts, answer key questions about vaccines, and make well-informed decisions for our health.



"WE KNOW THAT OUR COLLECTIVE ROLE IN HELPING TO CREATE A VACCINE THAT WORKS FOR BLACK PEOPLE—AND THAT WE TRUST—HAS AN IMPACT ON OUR VERY SURVIVAL."

AMERICA'S BLACK DOCTORS AND NURSES & THE BLACK COALITION AGAINST COVID-19

LOVE LETTER TO BLACK AMERICA
WWW.BLACKCOALITIONAGAINSTCOVID.ORG

MAKING IT PLAIN
What Black America Needs to Know About COVID-19 and Vaccines

Facebook.com/BlackDoctor.Org
Youtube.com/BlackDoctor.Org

Leading Black health, faith and social organizations invite you to attend a virtual town hall with the nation's top COVID-19 experts to address questions and concerns as we fight to protect Black lives together.

HOSTED BY Black Coalition Against COVID-19 (BACA)

TOWN HALL MEETING THURSDAY, JANUARY 7, 2021 7:00PM - 8:30PM (EST)

Dr. Anthony Fauci National Institute of Health	Dr. David Crotts National Black Leadership Initiative Institute	Dr. Kizzmekia Colwell National Institute of Health
Dr. Peter Marks FDA	Dr. Nancy Messinger Centers for Disease Control and Prevention	Dr. Loretta McLaughlin Centers for Disease Control and Prevention
Dr. Michael Osterholm Iowa	Dr. Mervyn Dymally California	Dr. Mervyn Dymally California
Dr. Robert M. Wachter Stanford University	Dr. Robert M. Wachter Stanford University	Dr. Robert M. Wachter Stanford University
Dr. Frank Ruffolo New York State Department of Health	Dr. Frank Ruffolo New York State Department of Health	Dr. Frank Ruffolo New York State Department of Health
Dr. Frank Ruffolo New York State Department of Health	Dr. Frank Ruffolo New York State Department of Health	Dr. Frank Ruffolo New York State Department of Health

Making It Plain: African Americans and the COVID-19 Vaccine

Watch the replay:
<http://bit.ly/makingitplain>



HISTORY

FROM THE BEGINNING

It is a little-known fact that African Americans have progressed our country toward nationwide immunization since the early days. Most notably, a West African slave known as Onesimus was responsible for introducing the concept of inoculation to the U.S. in 1716.

When smallpox was ravaging the city of Boston (and the world), Onesimus shared a practice from sub-Saharan Africa that could prevent the spread of the disease. He called it "an operation, which had given him something of the smallpox and would forever preserve him from it." Onesimus said, "Whoever had the courage to use it was forever free of the fear of contagion."

The "operation" to which Onesimus referred involved rubbing a little pus from an infected person into the broken skin of a healthy person. Introducing a small amount of the infection produced an immune response and effectively inoculated most participants against smallpox. While this method is considered unethical by modern standards, the practice saved hundreds of lives and laid the foundation for the smallpox vaccine that followed 100 years later.

An Important Chapter In

SMALLPOX HISTORY

1716

West African slave Onesimus shares method for inoculation.

1721

Slaveholder Cotton Mather popularizes method decreasing death rate from 1 in 7 to 1 in 40.

1796

Edward Jenner introduces smallpox vaccine.

1980

World Health Organization declares smallpox first (and only) disease to be eradicated from the earth.

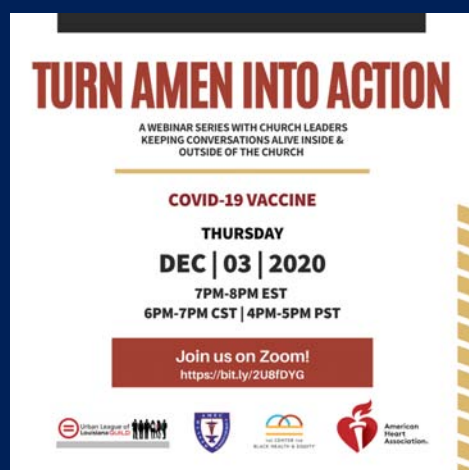
2016

Boston Magazine names Onesimus "Best Bostonian of All Time."

"WE NEED TO BRING A MESSAGE OF HOPE, BUT ALSO WE WANT TO LISTEN TO THE PEOPLE. WE NEED TO KNOW THE MYTHS AND THE MISCONCEPTIONS SO WE CAN CLARIFY THEM WITH SCIENCE. I HOPE THAT WE CAN EMPOWER OUR COMMUNITIES WITH KNOWLEDGE SO THAT THEY CAN ACT UPON THAT KNOWLEDGE."

DR. VLADIMIR BERTHAUD

PROFESSOR OF MEDICINE & DIRECTOR OF INFECTIOUS DISEASES
MEHARRY MEDICAL COLLEGE



The Center for Black
Health & Equity Presents:
Turn Amen into Action

Watch the replay:
<http://bit.ly/amenintoaction>



DR. MARCELLA NUNEZ-SMITH

Chair of Biden-Harris Health Equity Task Force

One of the priorities is getting from vaccines to vaccination and having a strategy where everyone in our country who wants a vaccine can get one with equitable and timely access. That's going to be a really high priority for us in the first 100 days.

Source: Fortune.com

HOW THE BODY FIGHTS DISEASE

Whenever a person is exposed to or infected with germs such as a coronavirus, their body will make use of germ-fighting tools like white blood cells to fight the infection. After exposure, the person's immune system remembers how to protect the body against that particular disease should it encounter it again.

HOW VACCINES WORK

There are several kinds of vaccines. Some contain the same germs that cause disease; however, the germs have been weakened or deadened. Others contain either a harmless part of the germ or its genetic material (such as the synthetic messenger RNA used for some COVID-19 vaccines).

A vaccine stimulates your immune system so that you produce the same antibodies you would make if you were exposed to the real disease. It helps your body learn to recognize and fight an invasion of a particular germ. Thus, you get to develop immunity to that disease without having to get the disease first.

FAMILIAR VACCINES




You and your family may already be comfortable with many of the vaccines commonly accepted in the U.S. Vaccines are a vital part of preventing disease and maintaining a healthy population.

- Seasonal Flu
- Hepatitis A & B
- Human papillomavirus (HPV)
- Rabies
- Polio
- Measles, Mumps & Rubella (MMR)
- Tuberculosis (TB)
- Tetanus
- Whooping Cough
- Pneumonia
- Meningitis
- Smallpox
- Chickenpox

COVID-19 VACCINES

The chart below describes three of the various types of vaccines that are being explored for use or are already being distributed in the U.S. There are currently two COVID-19 vaccines that the FDA has authorized for emergency use: Pfizer-BioNTech's COVID-19 vaccine and Moderna's COVID-19 vaccine. Both are mRNA (or messenger RNA) vaccines. They work by teaching the cells in the body to make a protein that is unique to the virus. This triggers an immune response and prepares your body in case you encounter the real virus. Messenger RNA vaccines do not use the live virus and do not interact with one's DNA. Neither vaccine contains preservatives, eggs or latex. Their inactive ingredients include oil, sugar, and salt.

COVID-19 vaccines in phase 3 clinical trials as of December 28, 2020 include those by AstraZeneca, Johnson & Johnson/Janssen, and Novavax.

Types of vaccines	DNA and RNA	Subunit	Viral vector
			
How it works	This vaccine uses DNA or RNA molecules to teach the immune system to target key viral proteins.	This vaccine uses a piece of a virus' surface to focus your immune system on a single target.	This approach takes a harmless virus and uses it to deliver viral genes to build immunity.
Advantages	Easy and quick to design.	Focuses the immune response on the most important part of the virus for protection and cannot cause infection.	Live viruses tend to elicit stronger immune responses than dead viruses or subunit vaccines.
Disadvantages	Never been done before. There are no licensed DNA or RNA vaccines currently in use.	May not stimulate a strong response, other chemicals may need to be added to boost long-term immunity.	Important to pick a viral vector that is truly safe. An immune response to the viral vector could make the vaccine less effective.
Existing examples	<ul style="list-style-type: none"> • None 	<ul style="list-style-type: none"> • Pertussis • Hepatitis B • Human papillomavirus (HPV) 	<ul style="list-style-type: none"> • Ebola • Veterinary medicine
Group testing this approach for COVID-19	<ul style="list-style-type: none"> • Moderna (RNA) • Inovio (DNA) • Pfizer (RNA) 	<ul style="list-style-type: none"> • Novavax • AdaptVac 	<ul style="list-style-type: none"> • University of Oxford & AstraZeneca • CanSino Biologics • Johnson & Johnson

Sources: CDC; NIAID; FDA

MICHELLE GUERRERO and JONATHAN WOSEN U-T

"BUILDING EQUITY IN PLANS TO DISTRIBUTE THE VACCINES INCLUDING CULTURALLY SENSITIVE, MULTI-LINGUAL OUTREACH TAILORED FOR LOCAL COMMUNITIES WILL BE ESSENTIAL FOR CLOSING GAPS IN HEALTH OUTCOMES."

LEON MCDUGLE, MD, MPH

PRESIDENT, NATIONAL MEDICAL ASSOCIATION
CHAIR OF NMA COVID-19 TASK FORCE ON VACCINES AND THERAPEUTICS

NMA COVID-19 TASKFORCE CLINICAL TRIALS STATEMENT

The National Medical Association serves as a leading voice for quality healthcare and elimination of health disparities and established its COVID-19 Task Force on Vaccines and Therapeutics to advise NMA members, healthcare partners and patient constituents about the safety and efficacy of COVID-19 vaccines and treatments. The Task Force reviewed the clinical trial data in search of differences in health outcomes that would place the Black community at higher risk of unfavorable outcomes from the vaccine and determined the following:

- Ten percent of people who enrolled in both the Pfizer and Moderna clinical trials were Black, equaling more than 4,400 and 3,000 people, respectively.
- Both the percentage and number of Black people enrolled are sufficient to have confidence in health outcomes of the clinical trials.
- Persons receiving the vaccine were > 94% less likely to develop COVID-19 infection as compared to the placebo group.
- Efficacy and safety were observed and consistent across age, gender, race, ethnicity and adults over 65 years of age.

WARP SPEED VACCINE

Before the COVID-19 vaccines, the fastest vaccine ever developed was for mumps and took 4 years. This has given many pause about the rapid production of the COVID-19 vaccines. Fortunately, the methods for the vaccines' speedy development was scientific and ethical. Here is how the vaccines were "fast-tracked":

Strong Head Start

It's important to understand that since COVID-19 is a member of the coronavirus family, scientists benefited from existing data and years of vaccine research that began with SARS (2002) and MERS (2012). These viruses laid the groundwork so that scientists didn't have to start from scratch to develop a vaccine. Additionally, researchers advanced mRNA technology which had already been studied for decades. This technology does not involve a live virus and is easier to manufacture.

Global Cooperation

The speedy development of the COVID-19 vaccines was accomplished through worldwide cooperation and data-sharing between international researchers, scientists and government agencies. Chinese researchers shared the needed viral genome sequence with 20 institutions in January of 2020, and the World Health Organization combined the work of 300 scientists and to make important assessments about the virus. Plus, because scientists utilized mRNA technology, they were able to start testing within months.

Unprecedented Investment

Developing a vaccine under normal circumstances requires researchers to spend time raising millions of dollars. That's why the U.S. Congress, through its Operation Warp Speed initiative and the CARES Act dedicated \$10 billion to the rapid development of COVID-19 vaccines. The European Commission similarly pledged \$8 billion for COVID-19 vaccine research. These financial commitments took years off of the usual process.

Working In Parallel

Vaccine development is usually done in a step-by-step order. To expedite the COVID-19 vaccine, many processes were done simultaneously instead. Manufacturing of potential vaccines began before they were proven to work so that they could be sent out soon after approval. Likewise, instead of waiting for the final vaccine, The Advisory Committee on Immunization Practices held early meetings to prioritize the distribution of the vaccine before it was even developed.

Efficient Clinical Trial Processes

While experts agree that rigorous safety testing, patient enrollment and clinical trial phases were not "fast-tracked," the paperwork for regulatory approvals was accelerated. The Food & Drug Administration shortened its approval timeline from 10 months to 3 weeks and offered emergency use authorization. And because of the large number of testing sites and increased volunteer interest, trial participation quickly reached tens of thousands. Phase 2 and 3 of clinical trials were combined (a common practice), and that helped to ethically speed the process along.

#powerandimmunity

LESSONS FROM AFRICA

A person in a white protective suit and face shield is working with a sample. In the background, another person is sitting and taking notes on a clipboard. The scene is outdoors, possibly in a residential area.

Many are concerned that issues surrounding the pandemic have been too politicized. For that reason, it may be difficult for some to trust information from political figures. While we explore credible information distributed by the CDC and the National Institutes of Health, it may also be helpful to look outside of Western nations for guidance.

Countries in Africa have extensive experience dealing with unique outbreaks and epidemics. During this worldwide crisis, they have been an asset to our understanding of how to move forward.



ADDRESSING COVID-19 IN AFRICAN NATIONS

African countries have experienced just 3.4% of the world's coronavirus infections. The continent has been able to capitalize on knowledge from the Ebola epidemic which prepared them with improved health policies, surveillance systems, public education tactics, and the infrastructure to address COVID-19 early on. While African nations benefit greatly from having younger populations and lower rates of obesity and diabetes (which reduce risk of severe COVID-19), their approach to mitigating COVID-19 and preparing for the vaccine are worth a salute.

SLOWING THE SPREAD

- Closed their international borders and instituted lockdowns before the first case was documented.
- Rolled out 4-hour rapid COVID-19 testing.
- Utilized mobile app to connect infected patients with medical providers and move people into quarantine.

PREPARING FOR THE VACCINE

- *Nearly 80% of citizens across Africa would take a COVID-19 vaccine if it were deemed safe and effective.
- Dispelling myths and addressing mistrust due to medical colonialism.
- Prioritizing most vulnerable as first recipients of vaccine.
- Resolving financial and logistical challenges in obtaining, storing and distributing vaccine.

EQUITY ISSUES OF CONCERN

- **Vaccines will be in short supply as Western countries have secured more than 50% of available COVID-19 vaccine although they are only 14% of the world's population.
- Laboratory in Nigeria plans to develop its own inoculation.
- Governments plan to distribute vaccine in places of work, worship and at events to ensure access for all citizens.

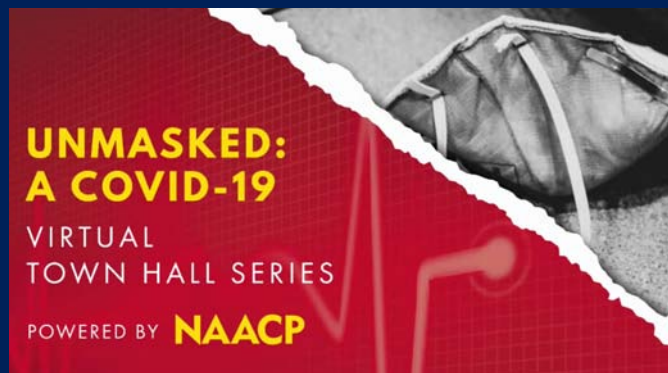
*According to an Africa Centre for Disease Control and Prevention (Africa CDC) report

** According to a recent Johns Hopkins report

"A LARGE AMOUNT OF EFFORT WAS PUT INTO ENSURING THAT THIS PROCESS, EVERY STEP OF THE WAY, HAD THE EYES OF PEOPLE OF COLOR. MODERNA'S CEO AGREED TO SLOW DOWN ENROLLMENT SO WE COULD GET BETTER REPRESENTATION OF PEOPLE OF COLOR IN PHASE 3 TRIALS."

DR. KIZZMEKIA CORBETT

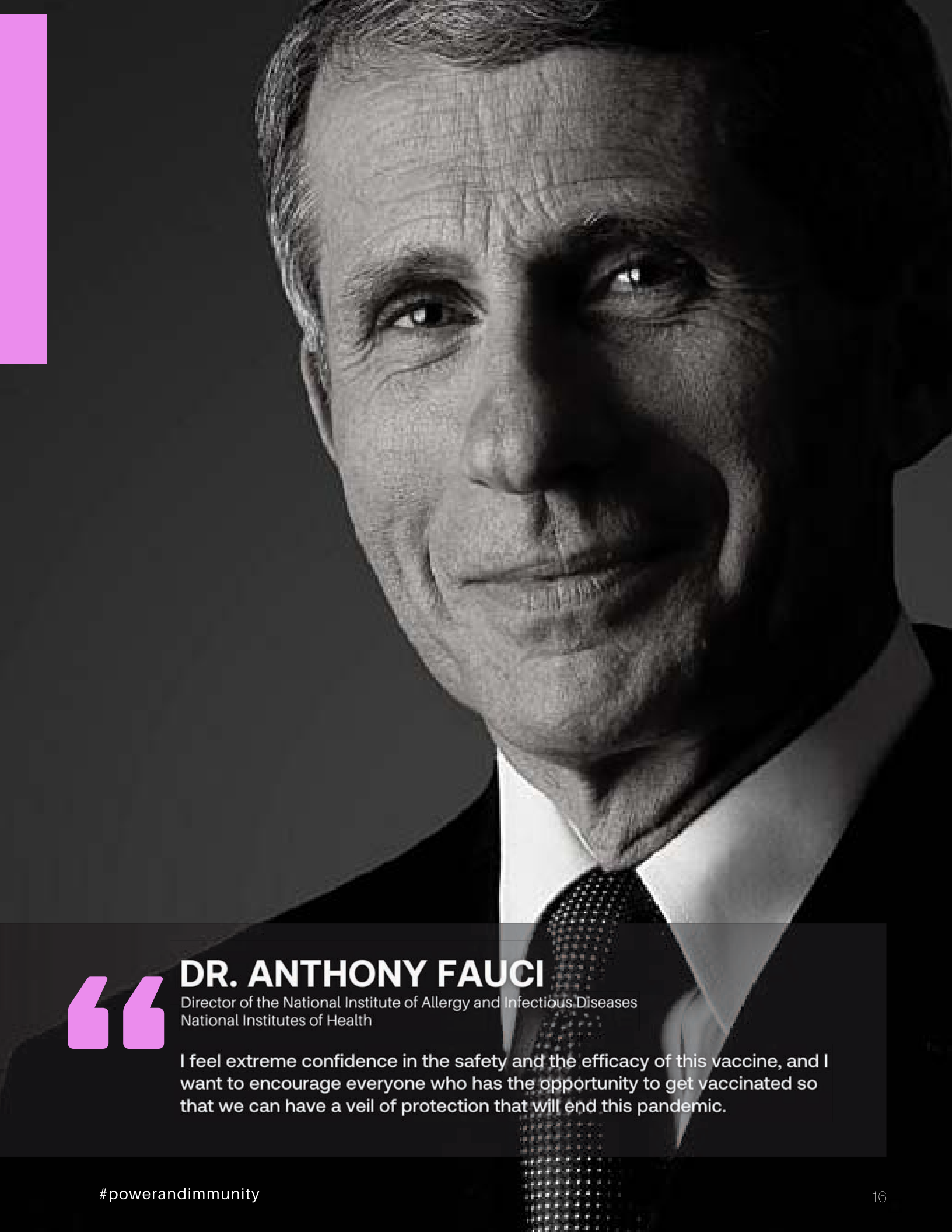
SCIENTIFIC LEAD FOR THE CORONAVIRUS VACCINES & IMMUNOPATHOGENESIS TEAM
NATIONAL INSTITUTES OF HEALTH (NIH), VACCINE RESEARCH CENTER



UNMASKED: A COVID 19 Virtual Town Hall

Watch the replay:

<http://bit.ly/unmaskednaacp>



DR. ANTHONY FAUCI

Director of the National Institute of Allergy and Infectious Diseases
National Institutes of Health

I feel extreme confidence in the safety and the efficacy of this vaccine, and I want to encourage everyone who has the opportunity to get vaccinated so that we can have a veil of protection that will end this pandemic.



ANSWERS FOR PASTORS & FAITH LEADERS

As some of the most trusted voices in the African American community, faith leaders are often relied upon for guidance on very complex issues. When it comes to the COVID-19 vaccine, faith leaders may be concerned about offering advice without having all of the facts. These talking points are designed to support your desire to keep congregants well informed. While there is no need to persuade anyone to take action, it is helpful to address concerns and point them in the direction of accurate information. These may be used as conversation starters or as a part of weekly announcements.

Quick Responses

Note: Much of the information regarding the COVID-19 vaccines are developing and updating quickly. Visit [Lung.org/vaccine-toolkit](https://www.lung.org/vaccine-toolkit) for the most current information.

Q: Are you endorsing the new COVID-19 vaccine?

A: I am not promoting any particular vaccine. These are decisions you must make for yourself and your family. I want to help you find the information you need to make that decision.

Q: Wasn't the vaccine developed too quickly?

A: The speedy development of the COVID-19 vaccine was accomplished through worldwide cooperation and data-sharing between international researchers, scientists and government agencies. The paperwork was fast-tracked, but the clinical trials were not. Both vaccines had tens of thousands of participants in order to test the safety and effectiveness of the vaccines. They each met all of the highest safety standards.

QUICK ANSWERS

Q: Does it work on Black people?

A: Both of the recommended vaccines have been proven 95% effective in preventing COVID-19 in clinical trials. Ten percent of clinical trial participants were African American. This is good because Black people are more than 2.5 times more likely to die from COVID-19 than White people.

Q: How do the current vaccines work?

A: Both recommended vaccines use mRNA technology that works by teaching the cells in the body to make a protein that triggers an immune response. It does not contain the actual virus so you cannot get COVID-19 from the vaccine.

Q: I heard there could be serious side effects.

A: There may be temporary pain where you got the shot, fatigue, headache, chills, fever, and joint and muscle pain. This is common for most vaccines as your body builds immunity, but may last up to a week for the COVID-19 vaccines. Among tens of thousands in the study, no major side effects have been observed. In very rare cases, people have had adverse experiences or allergic reactions. You should talk with your doctor if you have a history of allergic reactions to vaccines. Also, be sure to check [FDA.gov](https://www.fda.gov)—not Twitter—about the outcomes of clinical trials.

Q: Who can get the vaccine? How do I know it's right for me?

A: The vaccine is being released in phases to ensure the most vulnerable populations are prioritized. Healthcare workers and elders in longterm care facilities will be first, and essential workers and those 65 and older will follow. When it is available to more people, you should plan to talk to a doctor familiar with your medical history.

You may also check your local health department for updates about who is eligible for the vaccine.

Q: I don't want to take it because I don't trust the government.

A: You have a right to feel that way. Suspicion can be an important protective measure, and it can inspire you to get the facts. The COVID-19 vaccine was developed with the same safety standards as vaccines you may already be comfortable with such as the mumps vaccine. A group of scientists developed the COVID-19 vaccine—not the government.

Q: How much will the vaccine cost and where can I get it?

A: The COVID-19 vaccine will be available to many people at no cost. Your doctor may apply an admin fee, but this may be covered under most insurance plans. Check your local health department to find a location to get vaccinated.

Q: How can I keep my children safe?

A: Children under 16 will not receive the current vaccines. Children are primarily infected by adults and benefit when others are vaccinated. Even if you are vaccinated, you should still wear a mask and practice social distancing.

Q: I am afraid to take the COVID-19 vaccine.

A: It is normal to feel fearful, but we must not be guided by fear. Scientific information is available to help you make an informed decision. Pray about your decision and don't feel obligated to take action until you are ready.



QUEEN LATIFAH

Actor, Rapper and Host of American Lung Association's Act4Impact Benefit

I know I can raise my hand about being a little skeptical about a future COVID-19 vaccine, and I also know I'm not alone in this skepticism. Historically, Black people have felt distrust when it comes to medical science and there are legitimate reasons for that distrust. So how do we bridge the gap and establish trust when it comes to receiving the COVID-19 vaccine? It starts with opening up the conversation.

Source: Act4Impact Benefit



KITCHEN TABLE TALKING POINTS

The most influential voices are often those closest to home, gathered around the kitchen table sharing thoughts about life and current events. Our most trusted advisors are our grandmothers, our play cousins, and people we know personally. But unless an immunopathologist lives next door, those we know personally can often be ill-informed by unreliable social media memes and water-cooler hearsay. If you're that trusted voice for your friends and family, here are some simple responses to the tough COVID-19 vaccine conversations around the kitchen table.

I'm not going to be anyone's guinea pig and what about Tuskegee?

Many communities of color distrust the vaccine and that can be hard to overcome. But those historical tragedies are a part of the reason that FDA regulations are so stringent now. It helps to know that people of color have given oversight to every part of the process. In fact, a Black female scientist actually co-led the development of recommended vaccines.

I'll let other people take it first and see if they grow a third eye.

Tens of thousands of people have taken it, and serious side effects are extremely rare. Some people experience pain where they got the shot, fever, and muscle aches which are normal immune responses.

I already got COVID, so I'm not going to worry about it.

It is not yet known how long natural immunity lasts, and some have reported reinfection. If the vaccine is available to you, it will improve immunity and offer more protection.

Why do I need two shots?

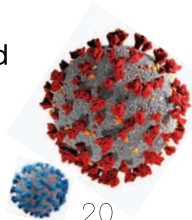
The first shot offers some degree of protection, but you gain optimal immunity 7-10 days after the second dose. Clinical trial data proves that it is 95% effective.

My employer can't make me get the shot, can they?

Possibly, but it is unlikely. Mandatory vaccination is difficult for an employer to enforce—especially for a vaccine that has thus far been granted emergency use authorization only. Take this time to learn as much as you can to protect your health.

When our grandparents get vaccinated, can we finally visit?

You can enjoy time with those who are vaccinated without fear that they will become seriously ill. But it is still possible for them to pick up the virus and pass it on to others. It is also important to remember that the current vaccines are 95% effective (not 100%). So mask-wearing and social distancing should still be a priority.



KITCHEN TABLE TALKING POINTS



I'm not letting them inject me with coronavirus.

Many African Americans believe they will be wrongfully injected with the virus while trying to obtain a vaccine. That is why Barack Obama said that he will get a COVID-19 vaccine publicly. He wants to show the public how much he believes in the safety of the vaccines. The current mRNA vaccines are not made with the live virus. You cannot get COVID-19 from the mRNA vaccines.

Don't you think they'll make a different vaccine for Black people?

This would not be in anyone's best interest. An advantage of vaccinating as many people as possible is to achieve herd immunity. This happens when about 70% of the population is vaccinated and the spread of the virus is reduced. Even if every White person in the U.S. were vaccinated, herd immunity would not be achieved if Black and Brown people were not also vaccinated. So it would not be rational to distribute different, less effective vaccines.

I don't take the flu shot, so why would I take this?

Those who get vaccinated protect the most vulnerable among us including those who may not be able to receive vaccines. This is important for the seasonal flu, but is even more

critical for COVID-19 which has taken hundreds of thousands of lives.

Why aren't the vaccines FDA approved?

The FDA authorized two COVID-19 vaccines for emergency use only. This designation is given during times of extreme crises, but only for products that have passed rigorous standards of both safety and effectiveness during clinical trials. The vaccine-makers will still need to continue their research and pursue FDA approval.

I'm ready for my freedom and getting vaccinated as soon as I can.

Take time to become informed about your decision either way. After vaccination, be sure to continue mask-wearing as it is possible to spread the virus even if you won't become ill from it.

I heard the vaccine causes infertility and Bell's Palsy.

These are both misleading claims. It is critical to check the facts, consider real clinical trial statistics, and do a basic search for myths about vaccines. Start with CDC.gov. Be slow to share and repost information because much of what goes viral on social media is either misleading or simply false information.





SENATOR CORY BOOKER

United States Senator for New Jersey

The COVID-19 vaccine is critical for protecting yourself, your family & others. As more Americans are vaccinated, the safer we all will be & the sooner we can defeat this virus.

Twitter, Jan. 5

CLINICAL TRIALS

ABOUT CLINICAL TRIALS

Human clinical trials are tests done in a clinical research setting to observe the safety and effectiveness of a vaccine. All clinical trials include a series of mandatory phases that must be completed before a vaccine can be approved for dissemination. Many are concerned that the clinical trials for the COVID-19 vaccine were rushed. This is not the case. Take a look at how classical trials stack up against the COVID-19 trials.

PRECLINICAL STAGE:

Scientists test a new vaccine on cells and then on animals to see if it produces an immune response.

PHASE 1 SAFETY TRIALS:

Scientists give the vaccine to 30-100 people to test for safety, dosage, and confirm immune response.

PHASE 2 EXPANDED TRIALS:

Scientists give the vaccine to several hundred people who are divided into target populations and demographics to test if the vaccine acts differently in them.

PHASE 3 EFFICACY TRIALS:

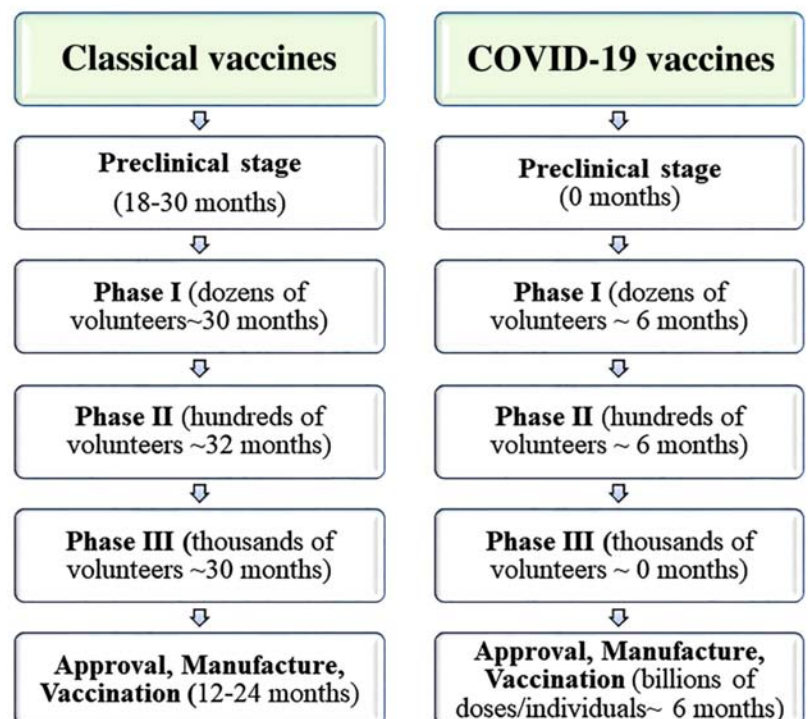
Scientists give the vaccine to 20,000-30,000 people and wait to see how many become infected compared to participants who receive a placebo. This phase is large enough to reveal evidence of rare side effects.

PHASE 4 POST MARKETING SURVEILLANCE:

Scientists observe the vaccine in the general population with attention to long-term effects.



CLINICAL TRIAL COMPARISON



Towards effective COVID-19 vaccines: Updates, perspectives and challenges (Review). International Journal of Molecular Medicine

A LESSON ON DOUBLE-BLINDED STUDIES

A double-blinded, placebo-controlled method of research is considered the gold standard for developing a vaccine. The COVID-19 vaccine clinical trials were conducted using this method. The below illustrates how this method works. Visit covidvaccinefacts.org to learn more.



10,000 INDIVIDUALS ENROLL IN A CLINICAL TRIAL to study a vaccine meant to stop the spread of a certain disease.



Participants are **RANDOMLY GIVEN EITHER THE VACCINE OR THE PLACEBO.**

P - Placebo V - Vaccine



NO ONE, NEITHER THE RESEARCHERS NOR PARTICIPANTS, knows who received the vaccine and who received the placebo.



During the clinical trial, a number of individuals within the study **WILL CONTRACT THE DISEASE.**



Once a certain number of volunteers get sick researchers “unblind” the study to **REVEAL WHICH PARTICIPANTS WITH THE DISEASE RECEIVED THE VACCINE AND WHICH DID NOT.**





This allows researchers to determine
**IF THE VACCINE WAS SUCCESSFUL AT
PROTECTING AGAINST THE DISEASE.**

P - Placebo V - Vaccine



**IF A GREATER SHARE OF THOSE
WHO ARE SICK RECEIVED THE
PLACEBO INSTEAD OF THE VACCINE,**
then the vaccine has met an
acceptable efficacy standard.



In other words,
**THE VACCINE WAS
EFFECTIVE AT PROTECTING
AGAINST THE DISEASE AND
KEEPING PEOPLE HEALTHY.**

This double-blinded, placebo-controlled
method of research is considered
**THE GOLD STANDARD FOR
VACCINE DEVELOPMENT.**



DERRICK JOHNSON

President of NAACP

COVID-19 is disproportionately impacting Black Americans, and generational trauma has led to massive distrust of vaccines. The [COVID Collaborative] national education campaign will be a critical step in providing Black communities with the information they need to rebuild trust and get vaccinated.

Source: PR Newswire



JOINT STATEMENT ON THE INTEGRITY OF VACCINE TRIALS

AND THE INCLUSION OF BLACK, INDIGENOUS AND
PEOPLE OF COLOR (BIPOC)

We, as representatives of the four historically Black medical schools in our nation are committed to the inclusion of Black, Indigenous, and people of color (BIPOC) as we engage in research initiatives focused on the novel coronavirus, SARS CoV-2.

The virus, COVID-19, disproportionately impacts the number of infections, complications, and deaths in our communities.

Our research efforts will be governed by the basic principles of respect of persons, beneficence, and justice.

Respect for persons demands that our communities enter into research voluntarily and with adequate information.

Beneficence ensures that our communities will recognize the benefits and risks that may result from the improvement of knowledge through their participation in research. And finally, justice will be achieved by ensuring that no person is denied participation in research without good reason, nor will anyone be unduly burdened by their participation.

Our decisions to recommend participation in clinical studies, including vaccine trials, will always be informed by rigorous science carried out under international rules governing the safe and ethical conduct of research.

Our approach will be unbiased nor influenced by financial or non-financial conflicts. We will rely on peer-reviewed, transparent science is an important component in protecting the welfare of persons who volunteer to participate in clinical studies.



DAVID M. CARLISLE, MD, PHD
PRESIDENT AND CEO OF CHARLES
R. DREW UNIVERSITY OF MEDICINE
AND SCIENCE



DR. WAYNE A. I. FREDERICK
PRESIDENT OF HOWARD
UNIVERSITY



VALERIE MONTGOMERY RICE
PRESIDENT OF MOREHOUSE
SCHOOL OF MEDICINE



JAMES E.K. HILDRETH, PH.D., M.D.
PRESIDENT AND CHIEF EXECUTIVE
OFFICER OF MEHARRY MEDICAL
COLLEGE

Specifically, we stand together to:

- Protect the members of our communities by maintaining the highest standard of integrity and respect which have always been, and will remain as cornerstones of our engagement;
- Listen to our communities and address concerns and fears surrounding research related to COVID-19- including clinical trials, vaccine candidate trials, and therapeutic and diagnostic research- by providing accurate information based on scientific evidence;
- Ensure that the manner and context in which information regarding participation in research is conveyed is culturally and linguistically appropriate;
- Confirm that individuals enter into research voluntarily, and agreement to participate in research constitutes a valid consent;
- Uphold, no matter what, the fundamental guiding 'Hippocratic' maxim 'to do no harm'; and lastly,
- Promote equity as it relates to access to opportunities to improve the quality of health and wellness, ensuring that each community we engage gets what they need when they need it, and in the amount that they need.

These fundamental principles are inherent to each of us as individual medical schools, and collectively we pledge to use our unified voice to advocate for all who consider and those who participate in COVID-related clinical and translational research.



ALEXANDRIA OCASIO-CORTEZ

U.S. REPRESENTATIVE - NEW YORK

Just like wearing a mask, I'd never advise you to do something I wasn't willing to do myself. You should still get the vaccine even if you already got COVID before/have COVID antibodies. This is because we do not know how long natural immunity lasts (some studies suggest people may get it twice) and the vaccine can not only extend your immunity, but also make your immunity stronger.

Twitter


SOCIAL MEDIA SHAREABLES & ACTIVITIES

Inspire your social networks to get the answers they need to make a solid vaccine decision by sharing this guide. Use the hashtag #powerandimmunity. For more like these, visit Lung.org/vaccine-toolkit.



“
Decisions about health, immunization and new vaccines should never be unduly rushed without thorough investigation. The good news is the information we need is available.

Get the information you need to make a decision at Lung.org/vaccine-toolkit.



“
Vaccination prevents disease by allowing you to develop immunity to that disease—without having to get the disease first.

Get the information you need to make a decision at Lung.org/vaccine-toolkit.



“
The speedy development of the COVID-19 vaccine was accomplished through worldwide cooperation and data-sharing between international researchers, scientists and government agencies. The paperwork was fast-tracked, but the clinical trials were not.

Get the information you need to make a decision at Lung.org/vaccine-toolkit.



#powerandimmunity

SOCIAL MEDIA SHAREABLES & ACTIVITIES

Encourage your friends and family to get the information they need to make a vaccine decision. Try these engagement activities to spread the word and help educate your community about immunization and the COVID-19 vaccine.

LAUNCH A COVID QUIZ HOUR

Invite community, friends and family to join you for a virtual, interactive quiz show or game night--but be sure to make it fun! Use the guide to create questions about the COVID-19 vaccines and test everyone's knowledge on the subject. Check out [TriviaMaker.com](https://www.triviamaker.com) or [Mentimeter.com](https://www.mentimeter.com) to keep it visually engaging. Be sure to keep tabs open for [CDC.gov](https://www.cdc.gov) and [Lung.org](https://www.lung.org) so that you can point participants to more resources.



OFFER A RIDE TO AN ELDER

If there is a loved one in your life who is eligible for the COVID-19 vaccine, but needs a little help getting there, volunteer to serve them. Whether you cover the cost and make the arrangements, or taxi them yourself, it will be appreciated. Serve those who are a part of your household and remember to practice mask wearing in cars.



START A TIKTOK CHALLENGE

Add your own twist to the "This or That" Challenge on TikTok. You'll get started with RUN DMC's "It's Tricky" and rotate two related options or survey questions at the top left and right of the screen. The TikTokers must choose which side they prefer or which answer they are sure of by dancing off-screen in the direction of their preference. Try phrases like "Taking it now" or "Taking it later" ; "mRNA" or "Viral vector" ; "60% effective" or "95% effective"; "Plain mask" or "Printed mask". The challenge is often performed with multiple people (those living in the same household, of course).



Check out updates from American Lung Association's Tik Tok!

SOCIAL MEDIA SHAREABLES & ACTIVITIES

HAVE AN INFO SESSION WATCH PARTY



Review the guide for the featured COVID-19 information sessions. Use Facebook or a similar platform to gather your friends online and watch one of the replays together. Send formal invites so that everyone shows up. Remind everyone to jot down thoughts for discussion with one another after the online event.

MAKE USE OF YOUR GROUP CHATS



Announce to friends and family that each day for the next 5 days you'll be dropping in one COVID-19 vaccine-related fact into the group text. This will help get your circle of loved ones accustomed to receiving credible information from you. Let them know that you may not have all of the answers, but they can learn more at Lung.org/vaccine-toolkit.

START A COVID-19 ROOM ON CLUBHOUSE



Stay ahead of the conversation by leading it on Clubhouse. This new social media platform allows users to host a public, audio-only discussions on any topic of interest. COVID-19 is already listed as a featured topic on the platform. Take the lead and use this toolkit to host a Q&A. Consider inviting a credentialed expert to join the room. Clubhouse is currently only available for iPhone users. Direct participants to Lung.org/vaccine-toolkit for updated information.



FORMER PRESIDENT BARACK OBAMA

I understand you know historically -- everything dating back all the way to the Tuskegee experiments and so forth -- why the African American community, would have some skepticism. But the fact of the matter is, is that vaccines are why we don't have polio anymore, the reason why we don't have a whole bunch of kids dying from measles and smallpox and diseases that used to decimate entire populations and communities...

If Anthony Fauci tells me this vaccine is safe, and can immunize you from getting COVID, absolutely I'm going to take it. I trust the science and what I don't trust is getting COVID.

Interview with Joe Madison, SiriusXM

Photo credit: Lance Cpl. Michael J. Ayotte, USMC, Public domain, via Wikimedia Commons

#powerandimmunity

RESOURCES



Monderna Fact Sheet and FAQ

<https://www.fda.gov/media/144638/download>

Pfizer Fact Sheet and FAQ

<https://www.fda.gov/media/144414/download>

V-safe After Vaccination Health Checker

<https://www.cdc.gov/coronavirus/2019-ncov/vaccines/safety/vsafe.html>

Coronavirus Vaccine Hesitancy in Black and Latinx Communities

<https://bit.ly/3oYlnAW>

National American Association COVID-19 resources

<https://www.nmanet.org/page/COVID-19-Resources>

Why Are Vaccines Important?

<https://www.lung.org/blog/why-are-vaccines-important>

National Immunization Awareness Month: How Vaccines Have Helped Reduce the of Death and Disease in the U.S.

<https://www.lung.org/media/press-releases/national-immunization-1>

COVID-19 Vaccine FAQ

<https://www.lung.org/lung-health-diseases/lung-disease-lookup/covid-19/vaccine/faq>

NAACP Coronavirus Equity Considerations

<https://naacp.org/wp-content/uploads/2020/04/Coronavirus-Equity-Considerations.pdf>

How CDC Is Making COVID-19 Vaccine Recommendations

<https://www.cdc.gov/coronavirus/2019-ncov/vaccines/recommendations-process.html>

NAACP CORONAVIRUS (COVID-19) INFORMATION

<https://naacp.org/coronavirus/>

Black Coalition Against COVID Resources

<https://blackcoalitionagainstcovid.org/resources/>



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