AAFP

CONVERSATION GUIDE

Talking with patients about non-mRNA and mRNA COVID-19 vaccines

Family physicians are trusted sources of health information and play a vital role in preventive care. As part of that care, it's important to recommend COVID-19 vaccination to your eligible patients—especially those with chronic medical conditions or other risk factors for severe infection—at every visit.

One effective way to encourage vaccine uptake is by engaging your patients in shared clinical decision-making. To support these conversations, the American Academy of Family Physicians developed this resource to help you educate patients about both non-mRNA and mRNA COVID-19 vaccines, emphasizing their role in preventing serious illness, hospitalization and death.

SHARED DECISION-MAKING FOR COVID-19 VACCINATION

Benefits of shared decision-making (SDM) include improving physician-patient communication, building trust and enhancing patient satisfaction.[1] Research has also shown that prioritizing patients' involvement during visits and encouraging a more active role in decision-making lead to positive health outcomes.[2,3]

Shared decision-making for COVID-19 vaccination involves you and your patient working together to make an informed decision based on the best available evidence.[2] It includes increasing your patient's understanding of the difference between a non-mRNA vaccine and an mRNA vaccine.

GUIDANCE ON WHO SHOULD NOT GET A COVID-19 VACCINE

Both non-mRNA and mRNA COVID-19 vaccines are safe for most people. However, there are a few exceptions.

- Currently available COVID-19 vaccines are not recommended for children younger than 6 months.[4]
- People who have a history of severe allergic reaction after receiving a specific type of COVID-19 vaccine or are allergic to a component of the vaccine should not receive that vaccine type. Signs of severe allergic reaction include[5]:
  - Anaphylaxis
  - Low blood pressure or rapid heartbeat
  - Swelling of the lips, tongue or throat
  - Widespread skin rash and/or swelling
  - Rash inside the mouth or nose

Non-mRNA COVID-19 vaccine | Information from reference 6.

Vaccine	Approved for use in people who are:
Nuvaxovid (Novavax)[7]	• 65 years and older **OR** • 12 years through 64 years with at least one underlying condition that puts them at high risk for severe outcomes from COVID-19

Suggested explanation for patients

"Protein subunit vaccines are one type of **non-mRNA COVID-19 vaccine.** *They use harmless pieces of the virus that causes COVID-19—specifically the spike protein—to train your immune system. These vaccines also contain an ingredient called an* **adjuvant** *that boosts your immune response.*

After you get vaccinated, nearby cells take in the spike protein pieces from the vaccine. Your immune system notices that these proteins don't belong in your body. The adjuvant helps your immune system respond strongly by producing antibodies and activating other immune cells.

This process teaches your body how to protect itself from the real virus without you ever having to get sick. Once your immune system learns to recognize the spike protein, it can respond quickly if you're exposed to COVID-19. The side effects you may feel after getting a non-mRNA vaccine—like a mild fever or headache—are normal and show that your body is building protection.

Other common protein subunit vaccines include those for the flu, hepatitis B, HPV, shingles and respiratory syncytial virus, or RSV."

mRNA COVID-19 vaccines | Information from reference 6.

Vaccine	Approved for use in people who are:
Comirnaty (Pfizer-BioNTech)[8]	• 65 years and older **OR** • 5 years through 64 years with at least one underlying condition that puts them at high risk for severe outcomes from COVID-19
mNexspike (Moderna)[9]	• 65 years and older **OR** • 12 years through 64 years with at least one underlying condition that puts them at high risk for severe outcomes from COVID-19
Spikevax (Moderna)[10]	• 65 years and older **OR** • 6 months through 64 years with at least one underlying condition that puts them at high risk for severe outcomes from COVID-19

Suggested explanation for patients

*"***Messenger RNA, or mRNA, vaccines** *don't contain any of the actual virus that causes COVID-19. Instead, they use lab-made instructions—called mRNA—to help your body learn to protect itself. After you get the vaccine, these instructions enter your muscle cells and guide them to make a harmless piece of the virus, which is called the* **spike protein**.

Once your cells make this protein, your body breaks down the mRNA and gets rid of it as waste. Your cells then display the spike protein on their surface. Your immune system sees this protein as something that doesn't belong there. In response, it starts building a defense by producing antibodies and activating other immune cells.

This process helps your immune system learn what the virus looks like, so if you're ever exposed, it can protect you without you having to get sick. Side effects are a normal sign that your body's defenses are responding."

THE SHARE APPROACH

When you are ready to talk with a patient about getting the non-mRNA or mRNA COVID-19 vaccine, consider using the SHARE Approach developed by the Agency for Healthcare Research and Quality. It involves the following five steps[11]:

S	**SEEK** your patient's participation by explaining the difference between a non-mRNA COVID-19 vaccine and an mRNA COVID-19 vaccine. Encourage them to be involved in the decision-making process.
H	**HELP** your patient explore and compare the non-mRNA and mRNA COVID-19 vaccines by communicating the benefits and risks of each option.
A	**ASSESS** your patient's values and preferences by communicating to them that their input and values matter.
R	**REACH** a decision with your patient by discussing and choosing the best available COVID-19 vaccine option together. Administer the vaccine.
E	**EVALUATE** your patient's decision by expressing your support for their positive and informed choice.

MOTIVATIONAL INTERVIEWING STRATEGIES

Motivational interviewing is a proven technique that you and your practice team can use to help patients make a decision about COVID-19 vaccination that aligns with their values and health goals. It involves answering your patients' questions, addressing misinformation and reassuring them that both non-mRNA and mRNA COVID-19 vaccines are safe and effective. In addition, it helps you emphasize that getting vaccinated protects them, their families and their communities from serious illness, hospitalization or even death.

STEP 1. Use a presumptive and positive approach focused on illness prevention.	When you recommend the non-mRNA or mRNA COVID-19 vaccine to a patient, assume they will receive it that day. Rather than asking if your patient wants to be vaccinated, explain that they are due to get a COVID-19 vaccine and will be vaccinated during their visit. Highlight why the patient needs a COVID-19 vaccine to protect them, with a special emphasis on illness prevention. *"Hello, Mrs. Johnson. I see you are here today for your annual checkup. Since you haven't had your COVID-19 vaccine yet, we'll give you that vaccine today to continue your preventive care."*
STEP 2. Explain the difference between a non-mRNA COVID-19 vaccine and an mRNA COVID-19 vaccine.	Seek your patient's participation by explaining the difference between the COVID-19 vaccine options and encouraging them to be involved in the decision-making process. *"Mrs. Johnson, I want you to understand the choice between a non-mRNA COVID-19 vaccine and an mRNA COVID-19 vaccine so that you can be part of the decision-making process. Both types of vaccine are safe and effective to prevent the spread of COVID-19."*
STEP 3. Listen carefully and respond with an attitude of curiosity, empathy and collaboration.	Patients who are hesitant about getting the non-mRNA or mRNA COVID-19 vaccine may be more willing to get vaccinated if you take an empathetic, collaborative approach with them. If a patient does not want to discuss getting a COVID-19 vaccine, respect their preference and leave the door open for a future conversation. Based on your patient's exhibited emotions and expressed values, you may want to briefly explore why they do not want to talk about vaccination. It may also be helpful to provide patient education materials or point them toward reputable websites that offer COVID-19 vaccine information (e.g., familydoctor.org and https://vaccinateyourfamily.org). *"Thank you for being involved in this decision-making process, Mrs. Johnson. I hear you saying that you don't want to receive either the non-mRNA or mRNA COVID-19 vaccine today. Because I care about your overall health and want to help you avoid serious illness and hospitalization, I wonder if you would be open to talking about the COVID-19 vaccine at your next office visit."*
STEP 4. Practice active listening and use motivational interviewing strategies.	It is important for you to focus on listening to gain understanding rather than trying to change your patient's mind. It is unlikely that debating your patient will make them more willing to get vaccinated. Instead, show that you are sincerely curious about their feelings and concerns. *"Mrs. Johnson, as we continue this conversation during a future visit, I want to hear your concerns and understand why you're hesitant about receiving either the non-mRNA or mRNA COVID-19 vaccine. As your family physician, I'm here to offer the best medical advice to help protect you and prevent serious illness or complications."*
STEP 5. Continue the conversation after vaccine deferral.	If a patient continues to decline a COVID-19 vaccine after you give a strong recommendation and engage in brief motivational interviewing, document the conversation and the patient's deferral in their medical record. Indicate in future visit notes that the patient is due for a COVID-19 vaccine. Also, consider adding vaccine deferral to the list of active health issues. This will serve as a cue to talk about COVID-19 vaccinations with them at a subsequent visit.

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