

ACTION BRIEF

Employer Strategies that Drive Health, Equity and Value



DEBUNKING COVID-19 VACCINE MYTHS

ACTION STEPS FOR EMPLOYERS:

1. Create clear workplace policies to address COVID-19.
2. Provide comprehensive employee health education, including “myth vs. fact” information.
3. Create a safe work environment.
4. Associate vaccination with health and financial security.

“In general, it is recommended that employers offer vaccinations to employees on a voluntary basis; however, employers in most states may be able to mandate COVID-19 vaccinations as long as the employer complies with the Americans with Disabilities Act and Title VII of the Civil Rights Act.”

— Society for Human Resource Management

With the COVID-19 vaccine rollout in high gear, misinformation has flooded public and private communication channels and led to widespread concern and vaccine hesitancy. In fact, a worrisome 1 in 5 adults say they don't plan to get a COVID-19 vaccine, while 14% are unsure, according to a [Morning Consult survey](#) released in April 2021. Employers play a key role in debunking the abundant myths and reassuring employees and their families that deep research has proven the vaccines to be highly safe and effective.

THE VIRUS, NOT THE VACCINE, IS THE ENEMY

Historically, myths have accompanied vaccine rollouts. Rather than focusing on the hopeful news that new and dangerous illnesses will be eradicated, myths about everything from compromised reproductive health to death have circulated about the “dangers” of vaccines.

The source of most myths is fear. People are afraid of the disease and afraid of the cure, making them vulnerable to accepting untruths. Common COVID-19 vaccine myths—and evidence-based responses to them—follow the employer action steps.



AMERICAN COVID-19 INCIDENCE AND DEATH:

- ▶ Over 32 million have been diagnosed with COVID-19
- ▶ Over 570,000 have died

AMERICAN COVID-19 VACCINATION IMPACT:

- ▶ The US has administered over 232 million doses (as of April 27, 2021). Of those vaccinated, fewer than 6,000 people have contracted the virus. This represents just 0.007% of the 84 million Americans with full protection against the virus.
- ▶ Out of an abundance of caution, CDC and FDA recommends that women younger than age 50 be aware of the rare risk of blood clots with low platelets after vaccination with Johnson & Johnson's Janssen vaccine. [Read more here.](#)

Source: Centers for Disease Control and Prevention, April 27, 2021

ACTION STEPS FOR EMPLOYERS

Employers have a key role to play in educating employees about COVID-19 and providing clear workplace policies and procedures that can be adjusted as more information about the virus and vaccines becomes available.

1. Create clear workplace policies to address COVID-19.

As employees are vaccinated and those who have been working remotely begin to return to the workplace, employers are using COVID-19 facts to develop policies that address complex issues. Among their considerations:

- ▶ Onsite vs. remote work.

Which jobs must be performed onsite and which can be performed remotely?

- ▶ Are vaccines mandatory?

Policies mandating vaccinations may be appropriate for employers in certain industries or for employees in certain roles in the health care industry. But legal risk and complications, as well as medical and religious objections, mean encouraging and facilitating employee vaccination is a better option for businesses than requiring it.

- ▶ Will employees be offered incentives for time and costs related to receiving the vaccine?

Vaccinated employees will require less sick time, which will increase productivity. A policy of covering costs, encouraging vaccination, offering incentives, and providing paid time off helps remove barriers for employees who may be reluctant to receive the vaccine. A paid tax leave credit announced in April 2021 will offset the cost for small and medium-sized businesses to provide full pay any time employees need to get a COVID-19 vaccination or recover from side effects.

- ▶ Health benefits for employees and families experiencing COVID-19 infection and illness.



Is it necessary to amend or supplement employee health benefits or sick leave to accommodate employees who develop COVID-19?

- ▶ Workstation protections and safety standards.

Follow CDC recommendations for surface cleaning, face masks, social distancing, and other return-to-work safety protocols.

2. Provide comprehensive employee health education, including “myth vs. fact” information.

Employers have long provided comprehensive benefits and played the role of employee health educator and health promoter.

In this tradition, employers can lead the way in educating employees about COVID-19 safety and the importance of getting vaccinated.

3. Create a safe work environment.

The Centers for Disease Control and Prevention offers comprehensive guidance for employers on creating a safe work environment. High-level recommendations, which will vary depending on the type of employer, include:

- ▶ Ensure ventilation systems operate properly, including filtration systems.
- ▶ Conduct a workplace hazard assessment and modify spacing, add

transparent shields, and arrange chairs in waiting areas to provide adequate distancing.

Employer COVID-19 Health Education Resources

These organizations offer carefully vetted, evidence-based COVID-19 health resources for employers and employees:

CDC Workplace Health Resource Center offers a one-stop shop for workplace health promotion, covering health assessments, physical activity, blood pressure management, and COVID-19. This section is rich in resources, including a communication toolkit and an interim list of essential workers, as well as handouts on building ventilation, workplace testing, and COVID-19 safety.

Health Action Alliance, a coalition of leading business, communications, and public health organizations of which the National Alliance is a partner, offers free tools and resources for the business community, curated by experts in business, health and communications. In addition to resources specifically for employees, materials have also been developed for employers.

Center for Workplace Mental Health has developed helpful guidance on mental health during and after the pandemic, working remotely during the crisis, and depression related to pandemic.



- ▶ Encourage employees with symptoms or whose family members have symptoms to stay home.
- ▶ Arrange for enhanced cleaning of the workstations of people who develop COVID-19 symptoms.
- ▶ Consider conducting daily health checks, such as temperature checks.
- ▶ Stagger shifts to reduce employee congestion.
- ▶ Develop special protocols for elevators and escalators.

To avoid rumors and falsehoods, employers must communicate openly and frequently, establishing themselves as a trusted source of frequent, objective information. The “Myth vs. Fact” section of this Action Brief can serve as source material.

Employees Will Want to Know Where You Stand

Essential topics to cover with employees:

- ▶ “Myths vs. Facts” about the vaccine and about COVID-19.
- ▶ How their exposure to COVID-19 is being minimized at work.
- ▶ Ongoing workplace policy and policy changes related to COVID-19.
- ▶ Whether the employer pays for time off to get the vaccine.
- ▶ Safety measures in place and required safety behavior, including whether employees are required to wear personal protective equipment.
- ▶ Sick leave policies for those who become infected or must isolate.
- ▶ Remote work opportunities.
- ▶ How employees will be notified of new cases in the workplace.

4. Associate vaccination with health and financial security.

To strongly counter myths about the COVID-19 vaccines and vaccine hesitancy, explain to employees how the vaccine improves financial security. During the pandemic and before the vaccines, fear of getting COVID-19 and government lockdowns led to business shutdowns, downsizing, and spikes in unemployment.

The vaccines already are having a positive impact on the economy and jobs. The economic return on vaccinations for all types of diseases is estimated by some economists to lift the economy between 12% and 18%. According to McKinsey & Company, a highly effective vaccination campaign against the coronavirus would return US economic output to 2019 levels three to six months faster than a partially effective rollout.

COMMON COVID-19 VACCINE MYTHS AND MYTH-BUSTER RESPONSES

MYTH Vaccines don’t work.

FACT Vaccines work. Smallpox, polio, diphtheria, mumps, measles and rubella have nearly been eliminated in the US through vaccination. More recently, the human papillomavirus (HPV) vaccine has been proven to protect against infection in about 90% of young women. Most importantly, all of the approved COVID-19 vaccines have been found to be 100% effective in preventing severe disease, hospitalizations and death.

MYTH The COVID-19 vaccine was developed too quickly to be safe.

FACT Work on these vaccines relies on extensive research and technology that began decades ago.

Development and approval were accelerated due to the COVID-19 public health crisis. In the past year,

the unprecedented simultaneous collaboration by governments, corporations and scientists around the world helped shorten the timeline even further without compromising safety. Clinical trials that examine safety and efficacy met rigorous standards and were as thorough as for any drug development process.

MYTH The vaccine won’t prevent COVID-19.

FACT Pfizer and Moderna vaccines are 95% effective in preventing COVID-19 illness;

Johnson and Johnson’s vaccine is 72% effective, but has an 85% effectiveness rate in preventing severe cases. All three vaccines have been 100% effective in preventing hospitalizations and deaths from COVID-19.

MYTH I can get COVID-19 from the vaccine.

FACT It is medically impossible to get COVID-19 from a vaccine.

There are no live viruses in the vaccines, so they cannot infect anyone. All vaccines cause the body to make proteins that prevent infection. Those vaccinated may experience a range of side effects, indicating the vaccine is building immunity.

MYTH The chances of getting COVID-19 aren’t high enough for me to risk a vaccine.

FACT It is true that the risk of dying from COVID-19 varies by age and health factors, but no demographic has been immune to



COVID-19 Employee Immunization Videos

The National Alliance has created a COVID-19 immunization video series for employees/patients. All of the videos have received the endorsement of the CDC and National Medical Director Advisory Council.

- ▶ COVID-19 VACCINE: Get the Facts (no translation)
- ▶ COVID-19 VACCINE: Get the Facts (Spanish subtitles)
- ▶ The History of Vaccines (no translation)
- ▶ The History of Vaccines (Spanish subtitles)
- ▶ Trusting Vaccines (no translation)
- ▶ Trusting Vaccines (Spanish subtitles)



In addition to the employee videos, a variety of very short excerpts, including myths and facts, from “Get the Facts” are available for use in emails and social media.

getting or dying from the virus.

We will only achieve “herd immunity” if 70%–80% of the population becomes vaccinated. Between March 2020 and March 2021, 544,000 Americans died of COVID-19. The Kaiser Foundation estimates that 90 million US adults are at risk of serious complications, so when you get vaccinated, you are also protecting those around you.

MYTH Vaccine side effects are harmful.

FACT The CDC reported mild to moderate reactions to the vaccine, including pain at the injection site, fatigue, headaches, muscle aches, and chills. All reactions subside within 48 hours and have no long-term complications. This is based on feedback from 70 million people worldwide who were vaccinated before January 29, 2021. The risks of COVID-19 are much greater than any reaction to the vaccine.

MYTH The vaccine is harmful to communities of color.

FACT There is no evidence that the vaccine is harmful or any less effective for communities of color. Communities of color were well-represented in clinical trials for all of the approved COVID-19

vaccines. Unfortunately, vaccination rates for many ethnic groups are lagging behind those for white people. The cause of the gaps related to use of the vaccine is not related to historical health disparities. It is most likely related to disparities in access as well as a broader lack of trust in the healthcare system related to long-ago trust violations involving ethically unjustifiable healthcare experimentation on certain ethnic groups.

MYTH The vaccine causes autism and other conditions.

FACT The COVID-19 vaccines do not cause autism, nor do they cause Bell’s palsy, miscarriage or infertility – other common myths. Some men who have had the virus have been found to have a reduced sperm count, so the vaccine may actually help reduce the risk of infertility. Safety monitoring and transparency are the most robust they’ve ever been. The

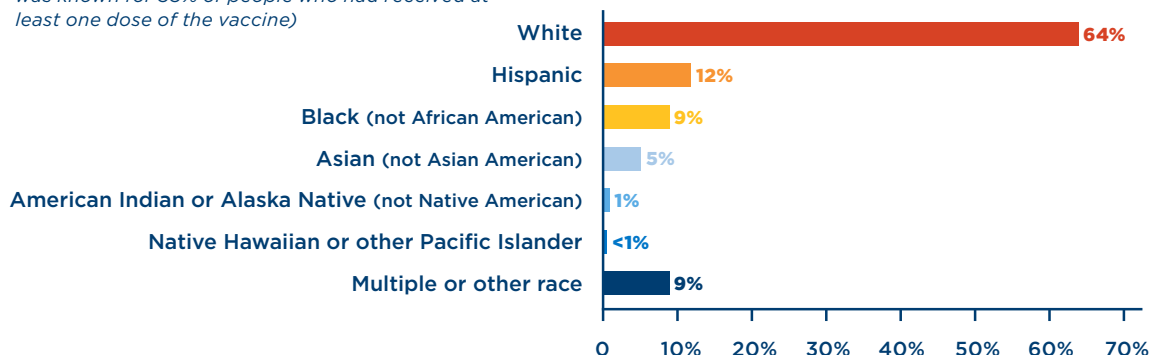
world’s health agencies are intently focused on the new vaccines, and US advisory committee meetings guiding federal decisions authorizing new vaccines are public and livestreamed. In addition, a voluntary, confidential smartphone app called V-safe is available from the CDC. It performs regular check-ins with those who have gotten the vaccine so problems can be quickly detected and investigated.

MYTH I’ve had COVID-19, so I don’t need to get vaccinated.

FACT As it is still unknown how long immunity lasts, the Centers for Disease Control (CDC) recommends that those who have had COVID-19 get the vaccine. Preliminary evidence indicates that the vaccine offers better protection than having had the virus. Initial studies have found that 10% of those who have had the virus lack sufficient immunity to prevent a reoccurrence.

Vaccination Rates by Race/Ethnicity

(As of April 19, 2021, CDC reported by race/ethnicity was known for 55% of people who had received at least one dose of the vaccine)



Source: KFF, April 21, 2021

MYTH The vaccines were developed to control people through microchip tracking or nanotransducers in our brains.

FACT There is no injectable microchip in the vaccines, and there is no means for the vaccines to track people or gather personal data. This rumor may have originated with a video that went viral on social media.

MYTH People with underlying conditions shouldn't get the vaccine.

FACT People who have underlying conditions—like diabetes and heart disease, for example—are at a high risk for serious COVID-19 complications, so it's even more important to get vaccinated.

“This big COVID spike that went up and came down gives us a false sense of security that somehow we're in control ... Last summer, in July, 70,000 cases a day was a house-on-fire event in this country. Today, we kind of feel like we've won, and we're at 70,000 cases a day.”

—Dr. Michael T. Osterholm, Director, Center for Infectious Disease Research and Policy, University of MN

New York Magazine, March 8, 2021

MYTH People with suppressed immune systems shouldn't get vaccinated.

FACT People with suppressed immune systems (because of cancer treatments, for example, or autoimmune diseases) are generally advised to get vaccinated.

The vaccine will still provide protection at a time when their bodies are particularly vulnerable to disease.

MYTH The COVID-19 vaccines alter DNA.

FACT COVID-19 vaccines do not interact with DNA. The Pfizer and Moderna vaccines use messenger RNA (mRNA) to protect from COVID-19. mRNA does not interact with a person's RNA or DNA because the mRNA does not enter the center of the cell, where DNA resides.

MYTH Once I get vaccinated, I don't have to wear a mask or practice social distancing.

FACT Once vaccinated, until instructed otherwise by the CDC, people are advised to wear a mask and social distance in public settings. Because the vaccines are not 100% effective, a vaccinated person has a slight chance of getting COVID-19 and infecting another person without experiencing symptoms. The hope is that once the US reaches herd immunity, mask wearing will not be necessary.

MYTH Current vaccines won't work against new COVID variants.

FACT While continually evolving variants present unique challenges, the current vaccines appear to be highly effective against the early mutations and will still reduce severity of illness.

There is a possibility that variants will continue to evolve and have the potential to defy vaccine immunity. People being vaccinated will prevent the chance of a variant developing that undermines vaccine effectiveness according to Dr. Anthony Fauci, director of the National Institute of Allergy and Infectious Diseases, which is why it's so important for everyone to get vaccinated, bringing us closer to herd immunity.

RESOURCES FOR EMPLOYERS

- National Alliance also Action Brief: [COVID-19 and Immunizations](#)
- Centers for Disease Control and Prevention
- US Department of Labor
- Society of Human Resources Management (SHRM)
- [Racial Diversity with COVID-19 Vaccine Clinical Trials: Key Questions and Answers](#)

ACKNOWLEDGEMENT

With gratitude, the National Alliance acknowledges support from the National Purchaser Leadership Council COVID-19 Advisory Council by way of clinical expertise and funding to produce this Action Brief.



1015 18th Street, NW, Suite 730 • Washington, DC 20036

(202) 775-9300 (phone) • nationalalliancehealth.org

twitter.com/ntlalliancehlth

<https://www.linkedin.com/company/national-alliance/>