Welcome to Dispelling COVID-19 Misinformation

March 8, 2023
12:00PM-1:00PM
Questions

During today's session, please use the Q&A panel to ask your questions.

Helpful resource links will be dropped into the “chat.”
For Attendees: This session is being recorded. Please access today’s slides and recording through the following link: EZIZ COVID Crucial Conversations

Please use “Q&A” to ask questions.

For post-webinar questions, contact rachel.jacobs@cdph.ca.gov
## Agenda: Wednesday, March 8, 2023

<table>
<thead>
<tr>
<th>No.</th>
<th>Item</th>
<th>Speaker(s)</th>
<th>Time (PM)</th>
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<tr>
<td>1</td>
<td>Welcome and Poll</td>
<td>Rachel Jacobs (CDPH)</td>
<td>12:00 – 12:05</td>
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<td>2</td>
<td>Dispelling COVID-19 Misinformation</td>
<td>Asha Shajahan, MD, MHSA</td>
<td>12:05 – 12:35</td>
</tr>
<tr>
<td>3</td>
<td>Questions &amp; Answers</td>
<td>Asha Shajahan, MD, MHSA, #ThisIsOurShot, Floria Chi, MD, MPH, CDPH (COVID-19 Vaccine)</td>
<td>12:35 – 12:55</td>
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<td></td>
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<td>Jessica deJarnette, MD, MS, CDPH (COVID-19 Therapeutics)</td>
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<tr>
<td>4</td>
<td>Poll &amp; Resources</td>
<td>Rachel Jacobs (CDPH)</td>
<td>12:55 – 1:00</td>
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</tbody>
</table>
This webinar will cover:

• Mis-, dis-, and mal-information overview
• The 3C model for healthcare providers: Principles for countering medical misinformation
• Talking with patients about COVID-19 vaccines
• Talking with patients about COVID-19 therapeutics
Poll: CDPH appreciates your feedback!

How confident are you in your ability to talk with patients about misinformation and COVID-19?

- Very confident
- Confident
- Somewhat confident
- Slightly confident
- Not confident
Dispelling COVID-19 Misinformation
Asha Shajahan, MD, MHSA
#ThisIsOurShot
Overview: Mis-, Dis-, and Mal-information
Three Types of Harmful Information

- **Misinformation**: Information that is false, but not created or shared with the intention of causing harm.
- **Disinformation**: Information that is false and deliberately created to harm a person, social group, organization, or country.
- **Malinformation**: Information that is based on reality and shared with the intent to inflict harm on a person, organization, or country.

Credit to First Draft and Claire Wardle for this conceptualization (Wardle, 2019)
Further, studies have found that social gratifications and social status are motivators of news sharing on social media.

65+

Those over the age of 65 were seven times more likely to share political 'fake news' on Facebook than were those between 18 and 29.

8 in 10

Americans search for health-related information at least once a year.

73%

Nearly three-quarters obtain this information from the internet.

Source: American Academy of Family Physicians
Who Spreads Misinformation?

- Social Media
- Industry
- Government & Politicians
- Private Messaging Apps
- Media
What Makes Us Vulnerable?

01 Motivational Factors
- Insufficient reasoning & attention
- It feels good to share
- Social incentives

02 Psychological Factors
- Cognitive biases & heuristics
- Emotions
- Motivating reasoning

03 Socio-technical Factors
- Constricted information flow
- Echo chambers & filter bubbles
- Information overload
**Why should YOU combat misinformation on social media?**

---

**Figure 15**

**Personal Health Care Providers Are Most Trusted Source Of Information On COVID-19 Vaccine**

Percent who say they have a **great deal** or a **fair amount** of trust in each of the following to provide reliable information about a COVID-19 vaccine:

<table>
<thead>
<tr>
<th>Source</th>
<th>Trust Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Their own doctor or health care provider</td>
<td>85%</td>
</tr>
<tr>
<td>The CDC</td>
<td>73%</td>
</tr>
<tr>
<td>Their local public health department</td>
<td>70%</td>
</tr>
<tr>
<td>The FDA</td>
<td>70%</td>
</tr>
<tr>
<td>Dr. Anthony Fauci</td>
<td>68%</td>
</tr>
<tr>
<td>Their state government officials</td>
<td>58%</td>
</tr>
</tbody>
</table>
Why should **YOU** combat misinformation on social media?

- MANY Americans get their news and health information from social media.
- There is a LOT of misinformation out there.
- Healthcare providers are one of the most trusted professionals out there, especially when it comes to health information.
- **Because if you don’t, who will?**
Doctors Have Another Enemy To Fight Besides COVID-19 Itself. This Might Help Them.

"Misinformation is causing panic, anger, polarization between political parties, sickness and even death. It's time to assign it a diagnostic code."

Asha Shajahan, M.D., Guest Writer
07/15/2020 09:00 AM ET | Updated 2 days ago
ASHA SHAJAHAN

Many times people who are vaccinated or people who are promoting the vaccine tend to meet people with judgments, and that just doesn't help.
The 3C Model for Healthcare Providers
The 3C Model for Healthcare Providers

1. Compassionate Understanding
2. Connection
3. Collaboration
### Step 1: Compassionate Understanding

<table>
<thead>
<tr>
<th>Tip 1: Initiate Bi-Directional Conversation</th>
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<tbody>
<tr>
<td>“Tell me more about why you feel that way.”</td>
</tr>
<tr>
<td>“Tell me a little bit about what you know or have heard about that treatment.”</td>
</tr>
<tr>
<td>“What are your concerns about that treatment?”</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Tip 2: Allow for Patient Self-Expression</th>
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<tbody>
<tr>
<td>Providers should actively listen, employ an open posture, and offer non-verbal cues that demonstrate that they are actively trying to understand the patient. Patients may share cultural beliefs, fears, hesitancies, or areas of concern that they wished they knew more about.</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>Tip 3: Identify what matters to the patient</th>
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<tbody>
<tr>
<td>“Can you share with me what matters most to you in this decision?”</td>
</tr>
<tr>
<td>“Can you teach me more about your needs?”</td>
</tr>
<tr>
<td>“Why does [e.g., this alternative medicine] appeal to you?”</td>
</tr>
</tbody>
</table>
### Step 2: Connection

| Tip 4: Meet with Compassion | “Thank you for sharing so openly with me about your concerns and goals for your health.”
|                           | “I’m so happy you are looking into your health.”
|                           | “I applaud your commitment to your child’s health.”

| Tip 5: Confirm what is true and what is false | “Would you like for me to share with you my understanding of the latest research around [treatment]?”
|                                               | “I am curious to know what questions you have based upon the information that I just shared.”
|                                               | “How are you feeling right now, especially after receiving that new information?”

Understand patient motivations to help frame your response

<table>
<thead>
<tr>
<th>Motivation</th>
<th>Response Framing</th>
<th>What to Say</th>
</tr>
</thead>
<tbody>
<tr>
<td>Collective Interests &amp; Social Motivations</td>
<td>Appeal to in-group (members of the patient’s community) norms &amp; highlight social group approval</td>
<td>“Almost half the girls your age have received the HPV vaccine”</td>
</tr>
<tr>
<td>Political Affiliations</td>
<td>Highlight an overarching identify or highlight bi-partisan support</td>
<td>“A lot of Republican Congress Members were, at first, suspicious of the vaccine but after consulting their expert advisors about the evidence of its safety, most of them have received both doses of the vaccine”</td>
</tr>
<tr>
<td>Align with Individual Interests &amp; Values</td>
<td>Focus on how their decision could be beneficial to others</td>
<td>“Getting vaccinated for the flu is an important way we can protect the people we love, like our grandparents, who are more susceptible”</td>
</tr>
</tbody>
</table>
Step 3: Collaboration

Tip 6: Build on Common Ground

“We both want your diabetes under control and for you to feel safe taking your medication.”

“It is clear to me that we both wish to move forward in whatever way is best for your child’s long term health.”

Tip 7: Offer Recommendation, Allow Input

“Thank you for sharing so openly today. Would you like me to share what I would recommend for next steps?”

“How do you feel about this recommendation? Do you have any remaining concerns?”

Tip 8: Wrap Up, Follow Up and Readdress

When concluding the conversation, summarize the plan with the patient. Providers can use the “teach back” method for summarizing shared goals.
Download the toolkit!

misinforx.com/download

Questions?
Asha Shajahan: msshajahan@gmail.com
A Community Toolkit for Addressing Health Misinformation

Office of the U.S. Surgeon General 2021

NewsGuard is a free online tool created by experienced journalists that assesses if a news website is Reliable or Unreliable

Vaccinate ALL 58

THE DISINFORMATION DOZEN

WHY PLATFORMS MUST ACT ON TWELVE LEADING ONLINE ANTI-VAXXERS

Government Communication Service

RESIST 2
Counter-disinformation toolkit
Talking with Patients about COVID-19 Vaccines
Most U.S. adults have not yet received an updated (bivalent) COVID-19 booster

An updated booster may reduce your risk of severe COVID-19 by 50% or more*

For the best protection, get an updated booster

*Vaccine effectiveness varied based on previous vaccination status of the control group and outcome studied

bit.ly/MMWR_COVIDVaccination

DECEMBER 19, 2022

MMWR
Is the updated COVID-19 booster really necessary?

- The updated COVID-19 booster vaccine is strongly recommended for all individuals ages 6 months and older.
- COVID-19 vaccines, including booster doses, have been added to the CDC child and adolescent routine immunization schedules.
- Recent data shows that the updated booster provides:
  - Added protection against symptomatic infection in individuals 5 years of age and older
  - Added protection against emergency department (ED) visits and hospitalizations in adults 18 years of age and older

CDC MMWR: COVID-19 Incidence and Mortality Among Unvaccinated and Vaccinated Persons Ages 12 Years and Older: 2.10.2023
Why do I need the COVID-19 vaccine if I have been sick with COVID-19?

Getting vaccinated is a safer and more dependable way to build immunity to COVID-19 than getting sick with COVID-19.

- Getting a COVID-19 vaccine gives most people a high level of protection against COVID-19 and can provide added protection for people who already had COVID-19.
- One study showed that, for people who already had COVID-19, those who do not get vaccinated after their recovery are more than 2 times as likely to get COVID-19 again than those who get fully vaccinated after their recovery.
Does COVID-19 affect children?

Unfortunately, yes.

In the United States:

- **Over 15 million children** have become ill with COVID-19
- **Over 185,000 children** have been hospitalized with COVID-19
- **Over 2,000 children** have died from COVID-19.

CDC COVID-19 Data Tracker

CDCP COVID-19 Communication Toolkits
Why should my child get the COVID-19 vaccine?

• During the Omicron period, unvaccinated children were more than **twice as likely** to be hospitalized for COVID.

• Multisystem Inflammatory Syndrome in Children (MISC) is a serious condition that can happen in children after infection with COVID-19, even if they had mild symptoms or no symptoms at all.
  
  o The COVID-19 vaccine lowered the risk of MIS-C by **91%**, according to data from July-December 2021.
Do COVID-19 vaccines affect fertility & pregnancy?

- Currently no evidence shows that any vaccines, including COVID-19 vaccines, cause fertility problems (problems trying to get pregnant) in women or men.
- COVID-19 vaccination is recommended for people who are pregnant, trying to get pregnant now, or might become pregnant in the future, as well as their partners.
Talking with Patients About COVID-19 Therapeutics
Why should I take COVID-19 treatment?

• Scientific evidence shows that COVID-19 treatments prevent serious illness, hospitalization, and death from COVID-19 by up to 88%.
  o For example, people who take Paxlovid are up to 8 times less likely to need hospitalization and 10 times less likely to die from COVID-19.

• Treatments like Paxlovid can prevent the virus from multiplying in your body and infecting more of your cells, which can help you test negative sooner.
Do I need COVID-19 treatment if I’m “not that sick”?

- COVID-19 is different than a cold or the flu.
- COVID-19 treatment needs to be started within 5 or 7 days of symptom onset. If you wait until symptoms worsen, it may be too late.
- Mild symptoms can progress to severe.
- Treatment can significantly reduce your risk of severe illness, hospitalization and may reduce risk of long COVID.
Am I eligible for COVID-19 treatment?

- Most of us don’t think of ourselves as “high-risk.”
- **In fact, most adults are eligible and should take COVID-19 treatment.**
- Eligible adults have conditions that put them at higher risk for worse COVID-19 illness, such as:
  - Obesity; BMI >30
  - Physical Inactivity
  - Age >50 years
  - Unvaccinated
  - Negatively affected by social determinants of health, such as race, ethnicity, socioeconomic status, or limited access to healthcare
  - People living with diabetes, mental conditions, chronic lung disease, chronic kidney disease, cardiovascular disease
Do treatments have serious side effects?

- Most people have little-to-no side effects
- In clinical studies of Paxlovid, side effects occurred for less than 10% of patients
  - Bad taste (6%)
  - Diarrhea (3%)
- Drug-drug interactions need to be carefully assessed
Do COVID-19 medications cause rebound?

- COVID-19 rebound can occur with or without treatment.
- Less than 20% of people experience COVID-19 rebound.
  - Rebound has been reported at higher rates in those who take Paxlovid.
- If symptoms do return, they are often mild.
The Best Way to Protect Ourselves is Still…

To Be Vaccinated
It doesn’t have to be perfect!

• Your job is not to “convince” people or always have the “right” answer.
• You are just one part of the conversation.
• Do your best!
Poll & Resources

Rachel Jacobs, CDPH
Questions

During today's session, please use the Q&A panel to ask your questions so CDPH subject matter experts can respond directly.

Helpful resource links will be dropped into the “chat.”
Poll: CPDH appreciates your feedback

Following this webinar, how confident are you in your ability to talk with your patients about misinformation and COVID-19?

- Very confident
- Confident
- Somewhat confident
- Slightly confident
- Not confident
CDPH Myths & Misinformation Toolkit

VACCINES HAVE PROVEN TO BE SAFE

1. How were COVID-19 vaccines authorized?
   - Vaccines are only authorized after data review shows clear evidence that they are safe, effective, and any benefits outweigh the risks of vaccination.
   - COVID-19 vaccines will continue to undergo the most intensive safety monitoring in U.S. history. COVID-19 vaccine development followed the same steps as other vaccines: ensure they were safe and effective, and no trial phases were skipped.
   - Thanks to V-safe, VAERS, and VSD, we know that the vaccine is an incredibly safe way to protect adults and children against COVID-19.

2. How do we know mRNA vaccines are safe and effective?
   - We have been studying coronaviruses for years. Prior to the development of the COVID-19 vaccines, researchers had been working with mRNA vaccines for decades.
   - We have over two years of data through many clinical studies that show that mRNA COVID-19 vaccines are an incredibly safe and effective way to protect against severe illness by COVID-19 infection. In addition, mRNA vaccines have been safely given to billions of people around the world.

3. What treatments are available if I get sick from COVID-19 infection?
   - The FDA has authorized several COVID-19 therapeutics after scientific evidence showed that they were effective in reducing the risk of serious illness from COVID-19. Reach out to your healthcare provider to learn if these medications can help manage your COVID-19 symptoms.
   - The FDA has not authorized ivermectin for use in preventing COVID-19 as it has not been shown to be safe or effective for humans.

YOUR CHILD’S DOCTOR

The internet is a great resource for questions about COVID-19 vaccines for kids.

MyTurn.ca.gov
COVID-19 Therapeutics Myths and Facts

How to dispel misinformation about treatments

**MYTH:**
I don’t need medication for a mild-to-moderate illness.

**PROVIDER ANSWER:**
Lots of us are waiting out milder cold and flu symptoms to see if they get "bad enough" to need treatment. COVID-19 is different. Lots of us are still at risk of having mild or moderate symptoms develop into something more serious. The treatments catch you out of the hospital and prevent you from dying, and early evidence shows they may even reduce your chance of developing long COVID.

**MYTH:**
I’m not high risk.

**PROVIDER ANSWER:**
Most of us aren’t think of ourselves as “high risk.” However, there are many factors that can make even very healthy people more susceptible to becoming very ill from COVID-19. The truth is the majority of adults fall into one of these categories. They include:
1. Age over age of 50
2. People living with diabetes, mental health conditions (anxiety, depression, ADHD), and more, chronic lung disease (including asthma), chronic kidney disease, and cardiovascular disease.
3. People who are overweight, physically inactive, or who smoke.
4. People who are negatively affected by social determinants of health, such as race, ethnicity, socio-economic status, or limited access to healthcare.
5. People who are unvaccinated or not up-to-date with vaccinations.

Scan the QR code to read more about COVID-19 treatment resources.

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COVID-19 Therapeutics Myths and Facts

**MYTH:**
Treatments have serious side effects.

**PROVIDER ANSWER:**
Of course, we all worry about side effects. Fortunately, most people have little-to-no side effects. In clinical studies of remdesivir, side effects occurred for less than 15% of patients. The most common side effect of remdesivir is an eruptive rash (9%), which occurred for 8% of people, small percentages of people have experienced diarrhea (1%), hypertension (1%), and/or muscle aches (1%). Abnormal liver and gastrointestinal side effects have also been noted outside of clinical studies. Some other medications may need to be adjusted while you are taking remdesivir. If you cannot take remdesivir for any reason, you may be offered monoclonal antibody instead. Monoclonal has very few side effects, but you cannot take it if you are pregnant.

**MYTH:**
Rebound caused by treatments is common and can be dangerous.

**PROVIDER ANSWER:**
Influenza has been in the news a lot. The thing that most people don’t realize is that while influenza happens to people who don’t take treatments as well as those who do, and less than 1 in 5 people experience rebound. It does happen somewhat more frequently among people who take remdesivir. For some people, taking remdesivir will help you feel negative sooner. But for some, the symptoms may return. The good news is that if your symptoms do return, they tend to be milder and do not require repeating the treatment.

**HELPFUL RESOURCES FOR PROVIDERS:**
+ COVID-19 Therapeutics: Decision Guide(3).pdf
+ Underlying Medical Conditions: Associated Risk for Severe COVID-19 (CDC).pdf
+ Information Sheet: Facedoll Eligibility and Effectiveness(3).pdf
+ More information: covid19ProviderGuidance.cdc.gov

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Resources to Connect with Healthcare Professionals

Join #ThisIsOurShot / #VacunateYa for newsletters about COVID-19 and vaccine-related talking points, and social media tips for physicians: https://thisisourshot.info/ / https://vacunateya.com/

Join Shots Heard Round the World to connect with a network of health professionals dedicated to combating online harassment of HCPs: https://shotsheard.org/

Health Defend is the evolution of these three programs. It is designed to educate, empower, equip, and defend healthcare professionals so they feel confident amplifying their trusted voice through social media. https://www.healthdefend.com/
# COVID-19 Vaccine Resources and Support

<table>
<thead>
<tr>
<th>Type of Support</th>
<th>Description</th>
<th>Updated</th>
</tr>
</thead>
</table>
| **COVID-19 Provider Call Center** | The COVID-19 Call Center for Providers and Local Health Departments is dedicated to medical providers in California and their COVID-19 response, specifically addressing questions about State program requirements, enrollment, and vaccine distribution, including the Vaccine Marketplace.  
  • Email: covidcallcenter@cdph.ca.gov  
  • Phone: (833) 502-1245, Monday through Friday from 8AM–6PM |
| **Enrollment Support**       | For Provider enrollment support, please contact myCAvax Clinic Operations at  
  • Email: myCAvaxinfo@cdph.ca.gov |
| **myCAvax Help Desk**        | Dedicated staff provide up-to-date information and technical support on the myCAvax system.  
  • Email: myCAvax.HD@cdph.ca.gov  
  • Phone: (833)-502-1245, option 3, Monday through Friday 8AM–6PM  
  For training opportunities: [https://eziz.org/covid/education/](https://eziz.org/covid/education/) |
| **My Turn Clinic Help Desk** | For onboarding support (those in the process of onboarding): myturnonboarding@cdph.ca.gov  
  For technical support with My Turn Clinic for COVID-19 and flu vaccines: mail to: MyTurn.Clinic.HD@cdph.ca.gov or (833) 502-1245, option 4: Monday through Friday 8AM–6PM  
| **Archived Communications**  | For archived communications from the COVID-19 Provider Call Center about the California COVID-19 Vaccination Program visit  
  • Website: [EZIZ Archived Communications](https://eziz.org/covid/education/) |

Updated 11.15.22
# COVID-19 Therapeutics Resources and Support

<table>
<thead>
<tr>
<th>Type of Support</th>
<th>Description</th>
<th>Updated 2.21.23</th>
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<tbody>
<tr>
<td>Clinical Guidance</td>
<td><strong>COVID-19 Therapeutics Warline:</strong> <a href="">1-866-268-4322</a> (866-COVID-CA) is a real time resource for all CA health care providers to access clinical consultation <strong>Monday through Friday 6 am – 5 pm.</strong> (Messages left after hours will be returned on the next business day.) You will be able to speak to a clinician or pharmacist from the UCSF National Clinician Consultation Center.</td>
<td></td>
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</tbody>
</table>
| General Information | **CDPH COVID-19 Treatments Webpage** (provides general information for healthcare providers, allocations, distribution and ordering, drug facts sheets, and additional resources)  
- **CDPH COVID-19 Treatments Job Aid** (questions and answers for the public on COVID-19 therapeutics)  
  **COVID-19 Therapeutics Best Practices Checklist** (testing, prescribing, dispensing, and more)  
  **Frequently Asked Questions document** for clinics, providers, and pharmacists |                |
| Locating Resources | Finding Providers and Test-to-Treat Sites  
- **COVID-19 Therapeutics Locator** (arcgis.com) or call 1-800-232-0233 (TTY 888-720-7489)  
- **Test-to-Treat** (hhs.gov) |                |
| Questions | For general CDPH Therapeutics questions, please email COVIDRxProviders@cdph.ca.gov  
For ordering, program inquiries, signing up new HPoP Accounts: please e-mail CDPHTherapeutics@cdph.ca.gov |                |
Upcoming Opportunities

**Monday**

*My Turn and myCAvax Office Hours*
Next session: Monday, March 20, 12PM-1PM

**Friday**

*Provider Consolidated Webinar*
Next session: Friday, March 10, 9AM-10:30AM

**Note:** New session length of 90 minutes to include COVID-19 Vaccine and COVID-19 Therapeutics
Special Thanks to

Today's Presenter:
Asha Shajahan, MD, MHSA

Q&A Support:
Floria Chi, MD, MPH
Jessica deJarnette, MD, MS

Webinar Planning & Support:
Tyler Janzen, Michael Fortunka, Cecilia LaVu, Blanca Corona, Leslie Amani, Rachel Jacobs