



COVID-19 VACCINE Q&A

THE MAO CLINICAL TEAM
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Here are a few general answers to common questions we are hearing about the COVID-19 vaccines. If you have specific questions about the vaccine and how it relates to your own health status, please reach out to your provider – we are happy to discuss the vaccine and answer any questions for you.

CAN YOU GET COVID-19 FROM GETTING THE VACCINE?

No, you definitely cannot get COVID-19 from getting the vaccine. None of the vaccines approved or being developed for COVID-19 contain the live COVID-19 virus. The Pfizer and Moderna vaccines being distributed are mRNA (messenger RNA) vaccines. They contain a tiny piece of code that tells your body how to produce a harmless piece of protein, called the spike protein, that is on the COVID-19 virus. This spike protein itself cannot make you sick, but the vaccine telling your body to produce it then activates your immune system to recognize the spike protein as an enemy it needs to fight off and produce antibodies, or small proteins that can deactivate the virus. This means that if you are exposed to the COVID-19 virus after vaccination, your body would recognize that protein and be able to fight it off.

BUT I KNOW SOMEONE WHO GOT COVID-19 THE WEEK AFTER GETTING THE VACCINE. HOW DID THAT HAPPEN?

If someone gets sick with COVID-19 right after the first dose, it is not because the vaccine caused it; the vaccine did not have time to work yet. The two vaccines currently being used, Pfizer and Moderna, both require two (2) doses to reach their full effectiveness (95% for Pfizer and 94% for Moderna against symptomatic and severe COVID-19 in the clinical trials). It takes time for the body to start developing antibodies after the vaccine; so, unfortunately, if someone is exposed to COVID-19 right after they get the vaccine, they don't yet have the protection from the vaccine to fight it off. Altogether, it takes about 5 weeks from the time of the first vaccine dose to get full effectiveness. There is probably partial effectiveness (a little less than 60%) achieved about two weeks after the first dose. If someone gets sick right after the first dose, **AGAIN**, it is not because the vaccine caused it; it is just that the vaccine did not have time to work yet.

WHY WAS THE VACCINE DEVELOPED SO QUICKLY? ISN'T THIS TOO RUSHED?

The speed of vaccine development here is a result of so many scientists, companies, and governments all around the world coming together for a single common goal all at once. Even though COVID-19 is a new virus, there are many other coronaviruses like SARS and MERS, and scientists have been working on developing vaccines against them for more than a decade. Instead of needing to start from scratch, this meant that when the pandemic occurred, with more financial resources and collaboration than ever before, scientists were able to use the building blocks they already had in place to quickly develop the vaccine. In fact, due to advances in science, researchers were able to uncover the viral sequence of COVID-19 by January 2020. The time spent on vaccine development over the course of 2020 was entirely about making sure the vaccine was safe and effective. Because so many people wanted to help, it was much easier than usual to get volunteers for the vaccine trials. And, because COVID-19 is so widespread and the volunteers were so frequently exposed to the virus, it was easy to see that the vaccine worked.

HOW DO WE KNOW THE VACCINE IS SAFE?

The U.S. Food and Drug Administration (FDA) insisted that the vaccine trials studied their participants for two full months after the second dose of vaccine. While serious vaccine side effects from other vaccines are rare, we know that when they do rarely occur, like Guillan Barre syndrome from flu vaccine, for example, they happen within the first six weeks. Tens of thousands of people were included in the initial clinical trials, and millions of people have now been vaccinated. *The CDC is monitoring vaccine recipients through a safety monitoring system, so they now have huge pools of ongoing safety information.* There have been very rare reports of severe allergic reaction to the COVID-19 vaccine – as of late December, the rate was 11.1 cases per million, or 0.000011 percent. All of these cases were treated and the vaccine recipients discharged home. Because these allergic reactions happen very soon after vaccination, all vaccine recipients are monitored for 15 minutes and people who have a history of severe allergies are monitored for 30 minutes out of an abundance of caution. By contrast, the mortality rate of COVID-19 is 1.7% and the hospitalization and severe illness rate is much higher.

CAN THE VACCINE CHANGE MY DNA?

No. mRNA can only go in one direction – towards making the spike protein. It cannot work backwards and work its way into your DNA.

WILL THE VACCINE WORK AGAINST NEW MUTATION?

While the studies done on the current vaccines did not study the more contagious new variants, we know that the spike protein that the vaccines teach the body to fight against are fairly consistent – they do not mutate much. This means that it is very likely that once your body recognizes the spike protein after vaccination, it will have good recognition of the new variants as well. While the vaccine might not be quite as effective against new variants, because they were SO effective to begin with, even with a slight drop off you'll likely get good protection. We know that viruses will continue to mutate as long as they are circulating in our population. This is why it is crucial to get people vaccinated now in order to decrease spread in the community; *we can decrease the mutation rate.*

I'M YOUNG AND HEALTHY, DO I REALLY NEED A VACCINE?

The vaccine will help you protect yourself and, importantly, will also help protect vulnerable populations around you. COVID-19 is certainly more likely to be severe and fatal in older adults, but, unfortunately, many young people have died or are suffering long term effects of disease such as strokes, heart disease, blood clots, chronic fatigue, loss of smell and taste, and long lasting breathing problems. Even for young healthy people, this disease can be devastating. Moreover, as a young healthy person, if you get sick you risk infecting your older relatives and loved ones. It is crucial that both older and vulnerable people AND young and healthy people get vaccinated in order to protect our community.

WHAT ARE SOME OF THE SIDE EFFECTS FROM THE VACCINE?

Instead of calling symptoms after the vaccine “side effects”, it is helpful to think of them as the body’s immune system revving up to fight off COVID-19. We expect as the immune system starts to respond, many people will experience some pain and swelling in the arm at the site of the shot (about 80% of people experience this) and some fatigue (about 60%). Especially after the second shot, some people will experience body aches, headaches, and a minority of people (about 15%) will have low grade fever. You may want to keep your schedule light the day after the second shot, and keep Tylenol^R(*), Ibuprofen, and fluids on hand. These symptoms of the immune system activation are temporary. In the trials, younger people tended to have more of these symptoms, likely because their immune systems are stronger.

HOW MUCH IS THIS GOING TO COST ME?

All COVID-19 vaccines provided through the U.S. government are being given for FREE, including to people without insurance. Healthcare providers are allowed to charge a fee for giving the shots; so, for insured patients, your information may be collected in order for the vaccine provider to bill for administrative costs.

IF I ALREADY HAD COVID-19, CAN I GET THE VACCINE? DO I NEED IT?

We do not know how long immunity lasts after COVID-19 infection, and we know from the example of other diseases that vaccination can provide longer lasting immunity than infection. Experts agree that even if you have had COVID-19, you should be vaccinated. If you received monoclonal antibodies for treatment of severe COVID-19, you should wait for 90 days after treatment to get vaccinated in order for the vaccine to be able to be most effective. This helps to ensure that your body is ready to respond to the vaccine and make its own antibodies. In a vaccine shortage area, your local vaccine site may ask that people who recently had COVID-19 wait to get their shot so they can prioritize vaccinating people who are more vulnerable, but if your vaccine provider does not have this restriction then you are able to get the vaccine shortly after having COVID-19 as long as you are no longer in quarantine.

*Tylenol is a trademarked product of Johnson & Johnson. Medical provider preference of any specific brand named product herein should not be interpreted as an official endorsement of this or any medication by Medical Advocacy and Outreach (MAO) or its affiliates.

CAN I STOP WEARING THE MASK AFTER I GET THE VACCINE?

No! You need to keep wearing a mask and social distancing for now. While we know the vaccine is amazingly effective at preventing symptoms of COVID-19 and preventing severe disease, we do not yet know if it prevents you from being a carrier of COVID-19 and spreading the disease. To protect others around you, you should continue taking all precautions until the majority of the population has been vaccinated, or until we have more data to show that the vaccine prevents you from being a contagious carrier.

HOW WILL THE VACCINE AFFECT PEOPLE LIVING WITH HIV?

All of the vaccine trials that have announced their effectiveness included people living with HIV (PLWH). The Pfizer study included 196 PLWH, Moderna included 176, and AstraZeneca included 160. No additional side effects or concerns were reported in PLWH and in this small group there was no difference in vaccine effectiveness in PLWH. Because the mRNA vaccines do not contain live virus, there is no reason to think that they would be less safe in people living with HIV (PLWH). It is possible that PLWH, especially those who are not well controlled on HIV medications, might not respond as strongly to the vaccines; so, we do not yet know exactly how effective the vaccines will be for all PLWH. However, even if they are slightly less effective in PLWH, because they are SO effective overall they likely will still offer a lot of protection to PLWH. This is another reason why it is so important that everyone in the community get vaccinated. If there are people with health conditions like HIV for whom the COVID-19 vaccine proves slightly less effective, the herd immunity from the community being protected will help to protect people who are more vulnerable.

CAN I GET THE VACCINE IF I AM PREGNANT OR BREASTFEEDING?

Pregnant and breastfeeding patients were not specifically included in the clinical trials for the vaccines; so, there is not yet specific safety data for this population. During the Pfizer trials, 23 people became pregnant after receiving the vaccine and there have been no adverse effects reported in this small group. There are no known or expected risks to getting the COVID-19 vaccine while pregnant based on the biology of mRNA vaccines, and *the CDC recommends that pregnant patients discuss their questions and concerns about the vaccine with their healthcare provider in order to make an informed decision.* We do know that pregnant patients who get COVID-19 are at increased risk of severe illness, including hospitalization, ICU admission, need for invasive treatment, and death. Pregnant patients should weigh these risks when making their decisions about vaccination. It is likely patients who are vaccinated during pregnancy would transfer antibodies to their fetus, offering some level of protection against COVID-19 to the baby as well. With regard to breastfeeding, it is extremely unlikely that any of the mRNA from the vaccines would be transferred into breast milk, and, if it was, it would not survive the acidic environment of the baby's stomach. We believe that pregnant and breastfeeding people should be offered the choice to get vaccinated and, in the majority of cases, the benefits of vaccination outweigh the risks. The vaccine is much safer than contracting COVID-19.

CAN THE VACCINE AFFECT FERTILITY?

Because the COVID-19 mRNA vaccines do not contain live virus, there is no reason to believe that they carry a risk of infertility, miscarriage, stillbirth, or congenital anomalies. The American Society of Reproductive Medicine recommends that people undergoing fertility treatment be encouraged to get vaccinated when vaccine becomes available to them, and there is no indication to delay conception after getting the COVID vaccine.

WHEN WILL MAO BE OFFERING THE COVID VACCINE?

We hope very soon! We will keep our MAOI.ORG website updated, and follow guidance from the State of Alabama on distribution and allocation of vaccines once we do have them available.

ADDED RESOURCES FOR YOU

Centers for Disease Control and Prevention - COVID-19

<https://www.cdc.gov/coronavirus/2019-ncov/index.html>

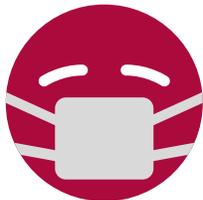
Office of the Governor & Alabama Department of Public Health

COVID-19 Information Hub

<https://covid19.alabama.gov>

AL COVID-19 Information Hotline (general questions) - 1 (800) 270-7268

AL COVID-19 Vaccine Hotline - 1 (855) 566-5333



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