FAQ #1: December 17, 2020 -- Containing Answers from December 14th

The following FAQs were adapted from questions submitted by VNSNY staff for the Vaccinate VNSNY! Conference Calls hosted by Andria Castellanos on Monday, December 14th.

**Vaccine Basics & Safety**

**What is a vaccine?**
Dr. Jay Dobkin, Chief Medical Officer, VNSNY Choice Health Plans: It’s a substance that can be administered to a person that elicits a response that protects them from infection. All vaccines work by eliciting one or more responses from the immune system, some of which can be measured easily, and some of which we infer. The response is intended to prevent infection or disease if the vaccinated person is exposed to the infectious agent. In most cases, the immune response that the vaccine generates is very similar to the response to the actual infection, but without producing disease. In some cases, vaccines even produce better immunity than having the infection itself.

**What are the different types of vaccines and how does that relate to the effectiveness and side effects of vaccines?**
Dr. Jay Dobkin: Historically, vaccines were either dead organisms, viruses or bacteria usually, or live organisms that had been selected to reduce or eliminate their ability to cause disease. These early vaccines were associated with more frequent and severe side effects than what we’re used to. In recent years, new technology has made it possible to synthesize the desired components of vaccines, creating a much purer product that is safer and less prone to side effects — and that’s an important point we’ll come back to with the COVID vaccines which have been shown so far to be very, very safe vaccines.

**What are the leading COVID vaccines and how do they differ?**
Dr. Jay Dobkin: There are three that have gotten furthest in development. One was just approved, and, this morning, began to be given out in the United States. That’s the Pfizer vaccine. The second one is the Moderna vaccine which we expect is going to be approved this week and will start to be distributed hopefully a week from today. And the last one is the AstraZeneca vaccine, which is still in development.

There are a couple of important points to be made. The first one is, these are not live virus vaccines. You can’t get COVID or any other infection from them. These are not inactivated or dead organism products, so you don’t have the allergic reactions to a large mixture of the components which was typical, unfortunately, of a number of the earlier vaccine products. All 3 use the strategy of presenting a synthetic copy of the spike protein that is found on SARS
coronavirus and is known to provoke the protective immune response people get after infection with this group of viruses. We’ll go into more detail I’m sure in subsequent calls about how these vaccines differ and to some extent, how they work.

But the important point I think for now is that both the Pfizer and the Moderna vaccine have been shown to have a very dramatic effect on reducing illness due to COVID. And that should lead to substantial reductions in all of the complications we associate with COVID: illness, loss of work, hospitalization, intensive care unit admissions, and even death. So, we think this is really a very, very important step forward and a great triumph of medical science.

**Is it okay for people to take the vaccine since they don’t know what effect it may have on anyone who does take it?**

Dr. Ritchell Dignam, Chief Medical Officer for Provider Services: Yes. It’s safe and it’s okay to get the COVID-19 vaccine. It will help keep you from getting COVID-19 by creating an immune response in the body against the virus without you having to experience the illness. Based on what we know right now about the vaccines for other diseases, experts believe that getting the COVID-19 vaccine will help keep you from getting severely ill, even if you do get COVID-19. Getting vaccinated will also protect the people around you, your family, your co-workers, and patients—and this is one way of stopping the pandemic.

**I would just like to confirm if there is any truth to the rumor that there is a microchip in the vaccine?**

Andria Castellanos, Executive Vice President and Chief of Provider Services: I do understand there is lots of information on different Internet sites about microchips being in the vaccine. There are no microchips in the vaccine.

**How many months is this vaccine effective?**

Dr. Jay Dobkin: The durability of the immunity remains really to be seen but the expectation is it’s going to be a matter of years. We don’t think it’s going to turn out to be something you need to get every year. The studies that have shown already the high effectiveness of the vaccine will be continuing to try and determine how long the protection lasts.

**I read an article last week that Pfizer and the FDA announced that two participants in the clinical trial died from the vaccine. One was a person who was immunocompromised, the other was not. I am concerned about vaccine safety and effectiveness. Both of these were in a short amount of time, meaning months, not years that have been spent on vaccine trials. Please advise.**

Dr. Jay Dobkin: So, I think everybody who’s interested needs to become a little bit sophisticated about clinical trials. What’s done in a clinical trial—this was a randomized, double-blind clinical trial, and it was a 50/50 distribution. So, about 22,000 people got the vaccine from Pfizer and about 22,000 people got a saline shot. The way clinical trials are done is you then follow individuals for adverse events. Since nobody really knows (neither the investigators nor the patients) who got the vaccine, you basically treat everybody the same. So, adverse events are counted and then a judgement is made subsequently in terms of whether they’re more frequent in the vaccine group than the placebo group and whether they’re actually related to the vaccine.

In the case of the Pfizer trial, out of 44,000 people, including people over age 75, you can imagine there would be illness and even death as a normal occurrence. There were four deaths in
the placebo group and two in the vaccine group. Both of the volunteers who died after receiving
the vaccine had cardiovascular events and none of the deaths were thought to be related to either
the vaccine or to COVID.

When we talk about side effects, you’ll also see that there were a lot of side effects reported in
the vaccine group. But in some cases, almost as many in the placebo group so obviously again,
these are not really likely to be vaccine-related. And that’s just part of the way clinical trials are
done and interpreted. You need to keep in mind the distinction between an adverse event and
something which may or may not be related to the treatment, and a treatment-related adverse
event. So, I hope that clears that up. There’s no indication of any severe reactions to this vaccine,
and certainly not illness or death related to the vaccine.

**Vaccine Availability & Administration**

Are they planning to give all of the staff at VNSNY the vaccine in the field office in Queens,
like the flu or TB shots? How do we decide which patients get the vaccine first?
Andria Castellanos: Okay. So, let’s start with the staff. We are planning on giving vaccine in all
the New York City regional offices. However, initially we may start at 220. So when we call you
to schedule your appointment — and that’s how you’ll know, we’re going to call you to schedule
an appointment — we’ll let you know when we have spaces and what office to schedule you at.
It’ll be similar to flu or TB, except that we plan on scheduling people for vaccines.

And then there’s a question about how we decide which patients get the vaccine first. So, we are
not focused right now on our patients getting vaccines, we’re focused on our staff right now.

How can we make an appointment for vaccination? Also, can we go locally to our
pharmacy instead? Which is the fastest option?
Andria Castellanos: We will be calling you to make an appointment for a vaccine. Right now, the
local pharmacies do not have vaccines and we don’t know when they are getting it. We don’t
even know when we are getting it. If your pharmacy has it available before we call you to get it,
yes, you can go to your pharmacy and get it. And I’m not sure based on supply which is going to
be the fastest option. So, more on that as we learn more.

Will per diem physical therapists be eligible for the vaccine along with regular staff?
Marian Haas, Senior Vice President and Chief Human Resources Officer: All staff regardless of
their status will be eligible for vaccine and are encouraged to get it. The prioritization based upon
your role will determine when we can offer it to you. But we will offer this to all staff, all home
health aides, all folks associated with VNSNY regardless of their employment status.

Which nurses will be vaccinated or will it be all nurses?
Andria Castellanos: We are prioritizing the first tranch of vaccines for field staff, which
includes all of our field nurses, physical therapists, speech therapists, home health aides, and
anyone who goes out in the field and takes care of a patient in a home. They will be prioritized
for the first set of vaccines that we get.

Will vaccination be mandatory?
No.
At some point will the wearing of a mask in the office no longer be required if you have received the COVID vaccine?
Dr. Jay Dobkin: I’ll just answer briefly. All of the guidance and common sense suggests we should not change any of our preventive practices early on in the vaccine era. Once we get to the point where transmission, illness, hospitalization, and all those things have dramatically declined, that may change. But for now, the strong recommendation is that we continue all of the preventive practices that have been successful in New York at least in controlling the virus so successfully.

The Survey Monkey only had options for the five boroughs. Will Nassau, Suffolk, and Westchester locations be added on?
Andria Castellanos: So, the answer to that is, we don’t know yet. Right now, we are receiving vaccine from the New York City Bureau of Immunization and when they give us vaccine, we have to give it in New York City. We can’t give it in Nassau, Suffolk, or Westchester. However, we can immunize staff that live in Nassau, Suffolk, or Westchester in New York City. So, all of our staff will ultimately be covered. But right now, we are planning to vaccinate in our New York City offices only. That may change as more information gets to us.

Individual Vaccine Questions & Concerns
I heard on the news that people with allergies should not take the vaccine right now because a couple of people in England had allergic reactions after receiving the vaccine. Do you know what sort of allergic reactions they had, and which allergies determine if we should take the vaccine or not?
Dr. Jay Dobkin: The information is incomplete, but the important point again is that in the Pfizer trial, more than 20,000 people got the vaccine. There were no severe allergic reactions. We need to wait to see what that the details will be with the Moderna vaccine, but we expect they’ll be similar. At this point, the only situation in which experts are advising caution about taking the vaccine is if you have history of a severe allergy like anaphylaxis, meaning, you need to carry an EpiPen. Even severe food allergies do not seem to be relevant to these vaccines. Anybody with any specific questions who’s got a severe allergic history should really consult their own physician.

I am a running 61 male with type 2 diabetes. Can I get the coronavirus vaccine maybe in the next round?
Dr. Jay Dobkin: This has to do eligibility and clearly, based on age and underlying condition, the questioner should plan to get the vaccine. When it will become available is hard to say. You know, I think this is going to happen fast but not instantly.

I’m pregnant and I’m worried about taking the vaccine. What reactions or side effects will this have on the baby or me? I’ve taken the flu shot before the pregnancy but I’m more concerned about the COVID vaccine.
Dr. Ritchell Dignam: This is a great question. Currently as of today, there is no data on the safety of COVID-19 vaccines in pregnant women. But animal developmental and safety studies are ongoing. Studies in humans are also ongoing and more are planned. However, we do have studies showing that there is increased maternal morbidity and mortality associated with COVID-19 infection in pregnancy. And there might also be an increased risk of adverse pregnancy outcomes, such as pre-term birth, with COVID-19 infection.
Since the COVID-19 vaccines are not live viruses, experts do not any potential or theoretical reason to be concerned about getting this type of vaccine in pregnancy—with the exception of pregnant women who may experience fever following vaccinations, who should be counseled to take acetaminophen as fever has been linked to adverse pregnancy outcomes. So, that goes also for breast feeding and lactating women. There’s really no safety data right now, but as these are not considered live viruses, they are not thought to be a risk to the breastfeeding infant.

So, both for pregnant healthcare personnel or those who are lactating and breastfeeding, it is recommended still to get the vaccine. But really if they choose to be vaccinated, a discussion with her healthcare provider can really help our employee make an informed decision. Hope that helps.